

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028366

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 327

FILED AUG 8 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Length of stay in lb <u>3Y;9M;13days</u>	c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>814 North Jackson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>SUEBANN</u> Middle <u>ELLEN</u> Last <u>SCHEIDTS</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 7, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>picked cotton, housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waynesboro, Tennessee</u>	9. AGE (last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>James William Boling</u>		11b. MOTHER'S MAIDEN NAME <u>Ruth Adeline Morgan</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Records, State Hosp. #4, Farmington, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage - - - - -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic brain syndrome associated with cerebral arterio-sclerosis with psychotic reaction.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>October 6, 1958</u> to <u>July 19, 1962</u> and last saw her <u>alive</u> on <u>July 19, 1962</u> Death occurred at <u>10:50 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>State Hospital No. 4, Farmington, Missouri</u>	22c. DATE SIGNED <u>7-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 21, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
24. FUNERAL DIRECTOR <u>Lentz Funeral Home, Kennett, Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>July 20, 1962</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Burl J. Miller

Licensed Embalmer No. 3457

P. O. Address Farmingdale, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.