

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019645

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 131

FILED JUN 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
10365
21090
3
4 1
5 3
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7 0
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9 170X
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12 2-0
13 5-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived at institution, residence before a. STATE <i>MO</i> b. COUNTY <i>Warren</i>)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Length of stay in 1b <i>9 weeks</i>	c. CITY OR TOWN <i>Marthasville</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R.R. 1.</i>
3. NAME OF DECEASED (Type or print) First <i>Augusta</i> Middle <i>K.</i> Last <i>Schake</i>		4. DATE OF DEATH Month <i>May</i> Day <i>29</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/2/1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home Linoleum Co., Mo.</i>	11. BIRTHPLACE (City and state or country) <i>U. S. A</i>
13a. FATHER'S NAME <i>William Schaper, Jr.</i>		14. NAME OF HUSBAND OR WIFE <i>John A. Schape, Dec.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Clarence Schaper, Wright City, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic Carcinoma, lower</i> DUE TO (b) <i>Carcinoma of breast</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>3 mo.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pathologic fracture of femur</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <i>Jan 20, 1962</i> to <i>May 29, 1963</i> and last saw him alive on <i>May 29, 1963</i> . Death occurred at <i>11:30 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>L. Munch M.D.</i>		22b. ADDRESS <i>908 Elm Washington Mo</i>	22c. DATE SIGNED <i>5/29/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial June 1, 1963</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Warrenton, Missouri</i>
24. FUNERAL DIRECTOR <i>Nieburg Funeral Home Warrenton, Mo.</i>		25. DATE REC'D. BY LOCAL REG. <i>5/30/63</i>	26. REGISTRAR'S SIGNATURE <i>Leola C. Heidmann</i>

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

John E. Nieburg

Licensed Embalmer No. 4409

P. O. Address Warrenton, Mo.

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.