MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027836

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 171

FILED JUL 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0365
2 0371
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4 1
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12 2-0
13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington
Length of stay in 1b: 4 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Francis Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Gasconade
c. CITY OR TOWN: Hermann
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 418 W. 7th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Cecelia Last: Emo

4. DATE OF DEATH: Month: July Day: 20 Year: 1963

5. SEX: Female
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct 2, 74
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Hermann, Mo.
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Frank Scheidegger
13b. MOTHER'S MAIDEN NAME: Mary Bleile
14. NAME OF HUSBAND OR WIFE: Bernard J. Emo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Lizzie Wolf Address: Hermann, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9-12-47, to 7-20-63 and last saw her/him alive on 7-19-63
Death occurred at 3:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carol T. Shaw, M.D.
22b. ADDRESS: Hermann, Mo.
22c. DATE SIGNED: 7-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 23, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. George Cemetery
23d. LOCATION (City, town, or county) (State): Hermann, Missouri

24. FUNERAL DIRECTOR: Herman Blumer, Inc ADDRESS: Hermann, Mo.
25. DATE RECD. BY LOCAL REG.: 7/23/63
26. REGISTRAR'S SIGNATURE: Leola C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

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 Oswald L Groner

Licensed Embalmer No. 15187

P. O. Address Hermann 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.