

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 279

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0745
2 0745
3 2
4 1
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7 0
8 2
9 334
4836
10 20
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12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u>	
Length of stay in 1b <u>5 days</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>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>122 No. Walnut</u>	
3. NAME OF DECEASED (Type or print) <u>JENNIE SCHENKEL</u>		4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>63</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/25/72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Nodaway Co., Mo.</u>
13a. FATHER'S NAME <u>John McMahon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gorman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT <u>Miss Lucile Schenkel, Maryville, Mo.</u>	
IMMEDIATE CAUSE (a) <u>Respiratory failure - arterio-scler.</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>sclerosis with apoplexy</u>			
DUE TO (c) <u>senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Subtrochanteric fracture of left femur</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 checked="" 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.) <u>Fell at home on the floor</u>	
20c. TIME OF INJURY Hour <u>5</u> a.m. p.m. Month, Day, Year <u>12-12-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Maryville Nodaway mo</u>	
21. I attended the deceased from <u>12-12-63</u> to <u>12/17/63</u> and last saw her alive on <u>12-17-63</u>		Death occurred at <u>10:45</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H.C. Bauman</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Maryville, Missouri</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St. Marv's</u>		22d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>12/19/63</u>	
24. FUNERAL DIRECTOR <u>Price Funeral Home, Marvville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>			

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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.