

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 61

0051
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purcell City Mo 1550</u>	
c. LENGTH OF STAY (If this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>959 Penn Ave 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincents</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>EMELIA</u> c. (Last) <u>SCHISKA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6, 1951</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>June 29, 1895</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR <u>3</u>	11. UNDER 1 MRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fredrick Bruem</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Schiska</u>
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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>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Jr. Schiska</u>	18. ADDRESS <u>Purcell City Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>A</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-10, 1949, to 10-6-51, 19, that I last saw the deceased alive on 10-6-51, 19, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Kern MD</u> (Degree or title)	23b. ADDRESS <u>Mount Mo</u>	23c. DATE SIGNED <u>10-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purcell City Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-17-51</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wills Bros</u> ADDRESS <u>Purcell City Mo</u>
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1951 1-7-1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED | OCT 30 1951
Dist. File 421-1912
Date Filed 11-1-51

OCT 14 1952

AUG 12 1954

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 _____

Edwin J. Wilks

working under my personal supervision.

Student Embalmer No.

Signed _____

Edwin J. Wilks

Signed.....

Student Embalmer

Licensed Embalmer No. 4131

P. O. Address June 1st 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 this body is not embalmed, fact should be so stated above.