

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028481  
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 445

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Iona Community</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Iona Community</b> 0160	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home, 2 1/2 mi. off Road Life</b> Length of stay in 1b _____		d. STREET ADDRESS (If outside, give location) <b>2 1/2 mi. Egypt Mills road</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Maggie</b> Middle <b>J.</b> Last <b>Schenimann</b>			4. DATE OF DEATH Month <b>August</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 30, 1883</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Oak Ridge, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>George Miller</b>			14. MOTHER'S MAIDEN NAME <b>Sheba Wills</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>B. B. Schenimann</b> Address <b>Iona Community</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>About April 1956</b>	
	DUE TO (c) <b>Hepatic Coma</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>593X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.) <b>593X</b>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <b>8/23/58</b>	

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.) <b>R 1 Cape Girardeau Mo</b>	20f. CITY, TOWN, OR LOCATION <b>Mo</b>	COUNTY _____	STATE _____
21. I attended the deceased from <b>April 1956</b> to <b>Aug 23, 1958</b> , and last saw her/him alive on <b>Aug 22, 1958</b> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>Mo</b>		22b. ADDRESS <b>32nd St Cape Girardeau Mo</b>		22c. DATE SIGNED <b>8/24/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McLains Chapel</b>	23d. LOCATION (City, town, or county) (State) <b>Indian Creek, Mo.</b>
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24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b> ADDRESS <b>Cape Girardeau, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 5, 1958</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service  
300 1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
- USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Walter J. Ford*.....

Licensed Embalmer No. *505*

P. O. Address *Pepe Hines*

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.