

MONTANA
CERTIFICATE OF DEATH

366 123621

BOOK 153 PAGE 191

51042

Local File Number		DECEDENT'S NAME (First, Middle, Last)		SEX	DATE OF DEATH (Month, Day, Year)
		Alice Virginia Schaff		Female	April 18, 1991
RACE - American Indian, Black, White, (Specify)		AGE - Last Birth (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)
White		68			September 16, 1924
7b PLACE OF DEATH (Check only one)		COUNTY OF DEATH			
HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)		Yellowstone			
FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DEATH			
Saint Vincent Hospital		Billings, Montana			
BIRTHPLACE (City and State or Foreign Country)		MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)	
Billings, Montana		9 ☐ Never Married ☐ Widowed ☒ Married ☐ Divorced		10 Barnabas M. Schaff	
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		KIND OF BUSINESS/INDUSTRY	
[REDACTED]		12a Housewife		12b Home	
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET NUMBER	
14a Montana		14b Yellowstone	14c Billings	14d 869 North Radford Square	
INSIDE CITY LIMITS? (Yes or no)		ZIP CODE	ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish, German, Hmong, etc. (Specify)		
14e Yes		14f 59105	15 German		
FATHER'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maiden Surname)			
17 Henry Meyers		18 Gertrude Mossman			
INFORMANT'S NAME (Type-Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
19a Barnabas M. Schaff		19b 869 North Radford Square, Billings, Montana			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State	
20a ☐ Burial ☒ Cremation ☐ Removal from State		20b Dahl Crematory		20c Bozeman, Mt 59715	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE		MONTANA LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
[Signature]		21b 112		21c Dahl Funeral Chapel 10 Yellowstone Blgs. MT 59101	
23 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)		24a NO		24b YES	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		24a NO		24b YES	
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