

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30919

State File No. _____

FILED SEP 19 1949

Registrar's No. 3-

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> <i>Sci-a has Jews</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>14 months</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 -</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3 - Odessa, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>CHRISTIAN</u> c. (Last) <u>SCHROEDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>September 26 - 1867</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gass, Farming, Breese, Illinois</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Christian Schroeder</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Schroeder (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Schroeder</u> ADDRESS <u>Odessa, Mo.</u>	

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u>		DUE TO (b) <u>ac. Myocarditis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>431X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from 5-13-1949, to 5/26/1949, that I last saw the deceased alive on 5/25, 1949, and that death occurred at 5:04 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Miller</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Odessa, Mo.</u>		23c. DATE SIGNED <u>5/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>May 28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flairhaven</u>	
24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>		ADDRESS <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 27 '49</u>		REGISTRAR'S SIGNATURE <u>Lettie Drummond</u>		153	

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

54
6
6

RECEIVED

SEP 2

District Health Officer No. 8,

District File Number

Date Filed 9-16-49

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.

Signed.....

Thomas J. Carter

Signed.....

Student Embalmer

Licensed Embalmer No.

4474

P. O. Address

Richmond, 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.