

FILED JAN 10 1950

STANDARD CERTIFICATE OF DEATH

5328 State File No. 638

280  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>8639</u>		PRIMARY REG. DIST. NO. <u>4452</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>			
b. CITY OR TOWN <u>Liberty Township</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Liberty Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1 Leasburg Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		b. (Middle) <u>M</u>		c. (Last) <u>Schroeder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-24-1879</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. _____			
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. James, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Geo. F. Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sewell</u>		14. NAME OF HUSBAND OR WIFE <u>Henry B. Schroeder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry B. Schroeder</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____		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 <u>Dec 10</u> , 19 <u>49</u> , to <u>Jan 5</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Sturm M.D.</u> (Degree or title)				23b. ADDRESS <u>Leasburg Mo.</u>		23c. DATE SIGNED <u>1-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Heart Cemetery Leasburg</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>M. B. Davis, deputy Registrar</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Shanks</u>		ADDRESS <u>Cuba Mo.</u>	

JAN 16 1950

RECEIVED 1/12/50  
District Health Officer No. 5,  
District File Number 15-042  
Date Filed 1/13/50

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No. ....

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.