

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24232

BIRTH NO. 22107-50 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Perry					
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Saline Twp		d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION									
3. NAME OF DECEASED (Type or Print) a. (First) Marvin			b. (Middle) Joseph		c. (Last) Schremp		4. DATE OF DEATH (Month) (Day) (Year) June 19 19 50		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 19 1949		9. AGE (In years last birthday) 6 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 12 HRS. <input type="checkbox"/> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Melvin J. Schremp				13b. MOTHER'S MAIDEN NAME Dorothea Brown			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Melvin J. Schremp ADDRESS Perryville R 4 Mo				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema				INTERVAL BETWEEN ONSET AND DEATH 1 day	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Amiotonia congenita				6 mon	
				DUE TO (c) 7441					
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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 Dec 19 1949 to June 19 1950 , that I last saw the deceased alive on June 18 1950 , and that death occurred at 12:45 A.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. Carrin				23b. ADDRESS Perryville Mo				23c. DATE SIGNED 6-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville Mo.			
DATE REC'D BY LOCAL REG. June 21 1950		REGISTRAR'S SIGNATURE Joel J. Zeltner		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons		ADDRESS Perryville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17 195

District Health Office No.

District File Number _____

Date Filed _____

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.

Student Embalmer No.

Signed Edward Young

Signed
Student Embalmer

Licensed Embalmer No. 2138

P. O. Address Pennsylvania

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.