

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1702

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Lawrence Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>	c. LENGTH OF STAY (in this place) <b>1 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b> <b>0550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cutler Rest Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Phillip</b>	c. (Last) <b>Schiermeyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 27, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Aug. 22, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR <b>5</b> Months <b>5</b> Days	IF UNDER 24 HRS. <b>5</b> Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Warrenton, Mo. D</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Fredrick Schiermeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Simon</b>	14. NAME OF HUSBAND OR WIFE <b>Bess Schiermeyer</b>
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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>no</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Lillian Howard, R#2 Mt. Vernon Mo.</b>
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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, asphyxia, 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) <b>Chronic Myocarditis</b>		
	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.		<b>4222</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 17, 1951** to **Jan 27, 1951**, that I last saw the deceased alive on **Jan 27, 1951**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Herron, M.D.</b>	23b. ADDRESS <b>Aurora, Mo.</b>	23c. DATE SIGNED <b>Jan 29-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1/28/51</b>	REGISTRAR'S SIGNATURE <b>Ora Mc Natto</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>J. H. Surrige Marionville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

HERRON

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 31 1951

Dist. File 157-238

Date Filed 1-31-51

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.