

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26465

State File No.

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARTINS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARTINS, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARION TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>MARION TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN BERNARD SCHROER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 20, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 12, 1882</u>		9. AGE (In years last birthday) <u>68</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		11. BIRTHPLACE (State or foreign country) <u>ST. MARTINS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ALBERT HERMAN SCHROER</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET SHOWMACKER</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE LACKAMP</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Schroer</u>	ADDRESS <u>ST. MARTINS, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic disease of the</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Leucemia</u>		
	DUE TO (b) _____ DUE TO (c) _____ <u>was cited</u>		
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 <u>5810</u>	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)	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 March 2, 1951 to Aug. 20, 1951, that I last saw the deceased alive on Aug. 9, 1951, and that death occurred at 7:50 p.m. from the causes and on the date stated above.

22a. SIGNATURE <u>J. W. Osaman M.D.</u>	(Degree or title)	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>8/21/51</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>AUG 22, 1951</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARTINS</u>	23d. LOCATION (City, town, or county) (State) <u>ST. MARTINS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 22</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Lackamp</u>	ADDRESS <u>J. C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-31-51

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.

Student
Student Embalmer

Signed _____

Sylvester Decker

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.