

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29302**

FILED SEP 7 1951

BIRTH NO.		REG. DIST. NO. 367	PRIMARY REG. DIST. NO. 4531	Registrar's No. 6A
1. PLACE OF DEATH a. COUNTY Warren		1090		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 26 days		c. CITY (If outside corporate limits, write RURAL and give township) Troy 0570
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle)		c. (Last) Schiermeyer
4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951		5. SEX MO		6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept. 24, 1875		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Matte Schiermeyer		13b. MOTHER'S MAIDEN NAME Louiese Brockman
14. NAME OF HUSBAND OR WIFE Mrs Walter Shiermeyer		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 Mrs. Walter Schiermeyer Troy Mo.		17. ADDRESS Troy Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic Emboli
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 5 days		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Rheumatoid Multiple Scler
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) 7220
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 July 2, 1951 , to July 28, 1951 , that I last saw the deceased alive on July 28, 1951 , and that death occurred at 12:35A , from the causes and on the date stated above.				
23a. SIGNATURE Harold H. ... M.D.		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED Aug. 1
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE July 30-51		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemet. Troy MO.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Floyd Logan		ADDRESS Troy Kemper Fun'l. and Furniture Co.
DATE REC'D BY LOCAL REG. 8-23-51		REGISTRAR'S SIGNATURE Floyd Logan		

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

RECEIVED

SEP 4 - 1951

DISTRICT HEALTH OFFICE No. 4

File No.

SEP 10 1951

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address *Froy, Mo.*

Signed.....
Student Embalmer

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.