

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33150**

FILED NOV 1 1957

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>5434</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RR # 2 St. John Township</u>		c. LENGTH OF STAY (In this place) <u>18</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RR # 2 St. John Township</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR # 2 Washington</u>				d. STREET ADDRESS (If rural, give location) <u>RR # 2 Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>MARY</u> c. (Last) <u>SCHROEDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-28-1869</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>2</u>		11. DAYS <u>22</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
12a. FATHER'S NAME <u>Martin Wankhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, when, war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Florence Goldmeier RR#2 Washington</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 h</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C-V-Residue 10 yrs</u> DUE TO (c) <u>old age</u>							
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>2 Sept</u> , 19 <u>47</u> , to <u>20 Oct</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>14 Oct</u> , 19 <u>57</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond L. Bassis, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>22 Oct 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 22, 1957</u>		REGISTRAR'S SIGNATURE <u>F. P. Hudman</u>		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. S. Byrd, M.D. Director, Washington, Mo.</u>			

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

File No. _____
DISTRICT HEALTH OFFICE NO. 4

OCT 27 1951

RECEIVED

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 _____

R. W. Wilbur

Signed
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.