

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **682**

FILED JAN 22 1952

264

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>12</b>				
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>			c. LENGTH OF STAY (In this place) <b>3 Weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>			<b>0804</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1413 West 16th.</b>						
3. NAME OF DECEASED (Type or Print) <b>Roma Anna Schroeder</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Jan</b> (Month) (Day) (Year) <b>1/17/1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>May, 18, 1929</b>		9. AGE (In years exact birthday) <b>22</b>	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book-keeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Office</b>		11. BIRTHPLACE (State or foreign country) <b>Syracuse, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Erven Schroeder</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Pregar</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>				
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>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Erven Schroeder, Sedalia, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkin Disease</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>201X</b>						
19a. DATE OF OPERATION <b>Sept. 1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Biopsy Showed Hodgkin Disease</b>				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) (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 <b>Feb. 8, 1949</b> , to <b>Jan 17, 1952</b> , that I last saw the deceased alive on <b>Jan 16, 1952</b> , and that death occurred at <b>4:30A m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>H. M. Wiley, M.D.</b>				23b. ADDRESS <b>Jefferson City, Mo</b>			23c. DATE SIGNED <b>1-18-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/19/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Syracuse, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>Jan 18-1952</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richard</b>			ADDRESS <b>240</b>		

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

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 21 1952

APR 1 1952

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

*James E. Richards*

Licensed Embalmer No. 2466

P. O. Address *Lytle 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.