

FILED FEB 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. **7128**

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **2**

1. PLACE OF DEATH
 a. COUNTY **Webster**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **East Benton**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Webster**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **East Benton Fordland Rural**
 d. STREET ADDRESS (If rural, give location) **1120**

3. NAME OF DECEASED
 a. (First) **MILLIE** b. (Middle) **JANE** c. (Last) **SCHUDER**
 (Type or Print)
4. DATE OF DEATH (Month) (Day) (Year)
2 8 52

5. SEX **Female** **6. COLOR OR RACE** **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
8. DATE OF BIRTH **7-1-1878** **9. AGE** (In years last birthday) **73**
 # UNDER 1 YEAR Months **73** # UNDER 1 HR. Hours **73** # UNDER 1 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **none**
11. BIRTHPLACE (State or foreign country) **Webster Co., Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Hiram McDonald** **13b. MOTHER'S MAIDEN NAME** **Sarah Morris** **14. NAME OF HUSBAND OR WIFE** **Theodore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **None** **17. INFORMANT'S SIGNATURE OR NAME** **Dan Daniels** **ADDRESS** **Fordland, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arterio-sclerosis**
 DUE TO (c) **None**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **None**

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **No operation** **20. AUTOPSY?** YES NO

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)** **332X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **July 10, 1948**, to **February 8, 1952**, that I last saw the deceased alive on **February 26, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **D. R. Schudert** (Degree or title) **23b. ADDRESS** **Fordland, Mo.** **23c. DATE SIGNED** **2/9/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **2-10-52** **24c. NAME OF CEMETERY OR CREMATORY** **Green Hill CEMETERY** **24d. LOCATION** (City, town, or county) (State) **Fordland Rural, Mo.**

DATE REC'D BY LOCAL REG. **2-12-52** **REGISTRAR'S SIGNATURE** **Lester D. Good** **342-0** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wm. W. ...** **ADDRESS** **Fordland, Mo.**

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

120

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 W. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.