

No. 300 FILED JAN 27 1953
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 970

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beauforte Rural 11 mi. W		c. LENGTH OF STAY (In this place) 62 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beauforte Rural (Union) 0300		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route #1			d. STREET ADDRESS (If rural, give location) Rural Route #1		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ANTON	c. (Last) SCHROEDER	4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 6 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Anton Schroeder		13b. MOTHER'S MAIDEN NAME Mary Jost	14. NAME OF HUSBAND OR WIFE Amelia Schroeder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Schroeder Beauforte, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 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) _____ DUE TO (c) 332X				INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-17-1953, to Jan. 20, 1953, that I last saw the deceased alive on 1-18-1953, and that death occurred at 9 P. m., from the causes and on the date stated above.					
23a. SIGNATURE H. Matthews M.D. (Degree or title)			23b. ADDRESS Beauforte, Mo		23c. DATE SIGNED 1-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 24, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24d. LOCATION (City, town, or county) (State) Beauforte, Missouri	
DATE REC'D BY LOCAL REG. Jan. 23 1953	REGISTRAR'S SIGNATURE F. I. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union	ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

360
1

540.

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 Harlan G. Johannaber

Licensed Embalmer No. 4488

P. O. Address Union, 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.