

STANDARD CERTIFICATE OF DEATH

State File No. **6805**

FILED MAR 4 - 1953

REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, write RURAL and give township) MACON		c. CITY (If outside corporate limits, write RURAL and give township) MACON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKVIEW REST HOME			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) SCHREYER	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JAN. 29, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 16, 1869
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY LABORER	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN SCHREYER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME Rev. Victor H. Grimm	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Senile Dementia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pericarditis DUE TO (b) 334X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema and debilitation	
INTERVAL BETWEEN ONSET AND DEATH 2 weeks		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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 Nov. 1952 to JAN. 29, 1953 , that I last saw the deceased alive on Jan 28, 1953 and that death occurred at 1:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE D. L. Dussard, D.O.		23b. ADDRESS MACON, MO.	
23c. DATE SIGNED 2/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 29, 1953	
24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) MACON, MO.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert Thomas Hornsby		ADDRESS MACON, MO.	
DATE REC'D BY LOCAL REG. 2/14/53		REGISTRAR'S SIGNATURE Beth Mcneely	

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

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-24-53
Date Filed 2-23-53

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 Clarence D. Noblett

Licensed Embalmer No. 4005

P. O. Address Macon, 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.