

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13956

State File No.

FILED MAY 11 1953

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 117

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Thindsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Thindsor</i>	
c. LENGTH OF STAY (in this place) <i>60 days</i>		d. STREET ADDRESS (If rural, give location) <i>S Debo St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Rest Home</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>M</i> b. (Middle) <i>BELLE</i> c. (Last) <i>SCHRUM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 1, 1953</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 29, 1869</i>
9. AGE (In years) last birthday <i>83</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Benton County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Eventt Vannatta</i>	13b. MOTHER'S MAIDEN NAME <i>Rachel Barkley</i>	14. NAME OF HUSBAND OR WIFE <i>Walter Schrum</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Henry Taylor, Kansas City, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Angioplegia</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <i>444 X</i>	
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 <i>April 1, 1953</i> , to <i>April 30, 1953</i> , that I last saw the deceased alive on <i>April 30, 1953</i> , and that death occurred at <i>9:15 a. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Arnold M. L.</i>		23b. ADDRESS <i>Thindsor</i>	23c. DATE SIGNED <i>5/4/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-3-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Thindsor, Missouri</i>
DATE REC'D BY LOCAL REG. <i>May-3-53</i>	REGISTRAR'S SIGNATURE <i>Florence Odair</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Huston Turner, Thindsor, Mo.</i>	

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.