

## STANDARD CERTIFICATE OF DEATH

State File No. **17460**
 FILED MAY 16 1953  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **131**

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>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo.</b>		c. LENGTH OF STAY (in this place) <b>6 Months</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Wardsville, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>R. R # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>328 Bolivar</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>Schrimpf</b>	
c. (Last) <b>Schrimpf</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 12, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 19, 1876</b>
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR Months <b>1</b> Days <b>23</b>	11. UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Wardsville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>			
13a. FATHER'S NAME <b>Frank Schrimpf</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schwaller</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Eweler</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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alma Neutzler</b>
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.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>arteriosclerosis</b>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>arteriosclerosis gangrenous leg</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</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)	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>April 9, 1952</b> , to <b>May 12, 1953</b> , that I last saw the deceased alive on <b>May 12, 1953</b> , and that death occurred at <b>10:30 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Kanagawa</b>		23b. ADDRESS <b>1 Southmeyer Bldg</b>	
23c. DATE SIGNED <b>5/13/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 15, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus</b>	24d. LOCATION (City, town, or county) (State) <b>Wardsville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>May 13-53</b>	REGISTRAR'S SIGNATURE <b>R.P. Norris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Duke</b>	
ADDRESS <b>J. C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Sylvester Dulle*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.