FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20903

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 4d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Randolph
c. CITY OR TOWN: Clark
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0880 1

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): A
c. (Last): SCHROEDER

4. DATE OF DEATH (Month) (Day) (Year): June 13 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Dec 3 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): auto dealer
10b. KIND OF BUSINESS OR INDUSTRY: auto
11. BIRTHPLACE (City and State or Foreign Country): New Haven Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: G.G. Schroeder
13b. MOTHER'S MAIDEN NAME: W. Boehman
14. NAME OF HUSBAND OR WIFE: Sarah Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): dk — (If yes, give war or dates of service): dk
16. SOCIAL SECURITY NO.: dk
17. INFORMANT'S SIGNATURE OR NAME: Mrs H. Schroeder — ADDRESS: Clark 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) bronc. pneumonia — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 6-9, 1953, *to* 6-13, 1953 *that I last saw the deceased alive on* 6-15, 1953 *and that death occurred at* 6 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S.S. Warnick (Degree or title): M.D.
23b. ADDRESS: State Hos Fulton Mo
23c. DATE SIGNED: 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem.
24d. LOCATION (City, town, or county) (State): Greenwood Mo

DATE REC'D BY LOCAL REG.: June 14 1953
REGISTRAR'S SIGNATURE: Muretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: Bill F. Meeks — ADDRESS: Centralia Missouri

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill J. Meador

Licensed Embalmer No. 40

P. O. Address Centralia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.