

FILED NOV 30 1953  
Dr. Enloe

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38608**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **324**

0260

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

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 town) <b>Rural-- Jefferson</b>		c. LENGTH OF STAY (in this place) <b>55yrs</b>	d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R.#5, Jefferson City, Mo</b>		e. STREET ADDRESS (If rural, give location) <b>R.R.#5, Jefferson City, Mo</b>	

3. NAME OF DECEASED (Type or Print) <b>Bertha</b>		a. (First) <b>Bertha</b>	b. (Middle) <b>Clara</b>	c. (Last) <b>Schroer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov-26-1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Feb-14-1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cole County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Frederick A. Clarenbach</b>		13b. MOTHER'S MAIDEN NAME <b>Louise ZurMege</b>		14. NAME OF HUSBAND OR WIFE <b>Henry A. Schroer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Schroer, Jefferson City, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Many years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

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) <b>4200</b>	
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 **12/17, 1952**, to **12/26, 1953**, that I last saw the deceased alive on **9/3, 1953**, and that death occurred at **6.0** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward G. ...</b>		(Degree or title) _____		23b. ADDRESS <b>Jefferson City Mo</b>		23c. DATE SIGNED <b>11/27/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>hiverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 27-1953</b>		REGISTRAR'S SIGNATURE <b>R.P. Darrin MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b>		ADDRESS <b>Jefferson City, Mo</b>	
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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.....  
Signature of Student Embalmer

Signed *Robert J. Jordan*

Licensed Embalmer No. *1786*  
P. O. Address *Jeff City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.