

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19206

State File No.

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>559v</u>		Registrar's No. <u>4v</u>		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>				
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Crystal City</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Crystal City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>308 Virginia Ave.,</u> <u>050/0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>Sophia</u> c. (Last) <u>Schrader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 21, 1868</u>		
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Millstadt, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Christian Marx</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Keese</u>		14. NAME OF HUSBAND OR WIFE <u>Eimer Schrader</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Caroline Stratmann</u> ADDRESS <u>Crystal City, Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>I. Arteriosclerotic heart disease. 2. Bronchiectasis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs. 20 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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 <u>May 27</u> , 19 <u>32</u> , to <u>June 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>55</u> , and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John F. Rutledge, M.D.</u>				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>June 7, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosalawn</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-9-55</u>		REGISTRAR'S SIGNATURE <u>John G. Deaton</u> <u>502</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Festus</u> ADDRESS <u>Festus Mo</u>				

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

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

JUN 15 1955

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 *Reith B. Vengard*

Licensed Embalmer No. *4976*

P. O. Address *Festus*

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.