

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26824

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4273</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> <u>0540</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>215 MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA BARBARA</u> b. (Middle) _____ c. (Last) <u>SCHOEDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 13 1871</u>		9. AGE (In years last birthday) <u>84</u>	UNDER 1 YEAR (Month) <u>3</u>	IF UNDER 100 Hrs. Min. <u>16</u>
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 (State or foreign country) <u>PEORIA ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHANN MAPPPEL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BARBARA MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>PROF AN SCHOEDT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wissel D. Shearer</u> ADDRESS _____				
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) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Second year</u>
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) _____			
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 <u>May 26</u> , 19 <u>50</u> , to <u>Aug 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 27</u> , 19 <u>55</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. O.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Mo</u>		23c. DATE SIGNED <u>8/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls</u>		24d. LOCATION (City, town, or county) (State) <u>Concordia Mo</u>		
DATE REC'D BY LOCAL REG <u>Sept. 2 - 1955</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> <u>154-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick & Veigt</u> ADDRESS <u>Concordia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1959

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.....

E. Strickling *H. C. Unger*
2959 *1511*

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address *Concord, N.H.*

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

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