

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2058

State File No. 157810

No. 300
10-48

FILED FEB 15 1956

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>4328</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u> <u>PARADE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Kewanee</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles N. Wyatt</u>				e. STREET ADDRESS (If rural, give location) <u>0.720</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Godfford</u> c. (Last) <u>Schuerenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 31, 1885</u>	
9. AGE (In years Last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Godfford Schuerenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Engert</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bell Woods Schuerenberg</u> ADDRESS <u>2001</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>acute cardiac insufficiency</u>					
		ANTECEDENT CAUSES <u>arteriosclerotic hypertensive and chronic nephritis</u>					
		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 <u>442X</u>					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) m.		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>Jan 21, 1956</u> , to <u>Jan 21, 1956</u> , that I last saw the deceased alive on <u>Jan 20, 1956</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Davis MD</u> (Degree or title)				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>1-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/2/56</u>		REGISTRAR'S SIGNATURE <u>James Kearnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Matlock</u> ADDRESS <u>New Madrid, Mo.</u>			

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

RECEIVED
Miss. Co. Health Dept
County File No. FEB 9 1956
Date Filed FEB 9 REC'D

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 *Thomas A. Roberts*.....

Licensed Embalmer No. *488*

P. O. Address *New Madison*.....

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.