

STANDARD CERTIFICATE OF DEATH

19884

FILED JUN 20 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5219 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Camp Branch Rural</u>		c. CITY OR TOWN <u>Rural Camp Branch Troop.</u>	
c. LENGTH OF STAY (in this place) <u>Many Years</u>		d. STREET ADDRESS (If rural, give location) <u>019th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>DAVID M. Schrock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widower</u>	8. DATE OF BIRTH <u>March 21-1870</u>	9. AGE (In years last birthday) <u>86</u>	10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Ohio</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Schrock</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moser</u>		14. NAME OF HUSBAND OR WIFE _____	

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>Alice Schrock</u>		ADDRESS <u>Garden City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GERARDI SCLEROSIS HBP.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC COLLAPSE</u>		
	DUE TO (c) <u>SENILE</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

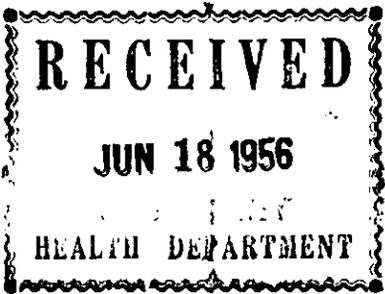
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 5-1-1955 to 6-10-1956, that I last saw the deceased alive on 6-8-1956, and that death occurred at 9:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Sheng M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>6-10-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear fork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Lynne Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 15, 1956</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. O. Naylor</u> ADDRESS <u>East Lynne Mo</u>		

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

A. D. Wartzler

Licensed Embalmer No. 2717

P. O. Address East Lynne 7

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