

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21206  
Registrar's No. 187

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emden (Rural)</u>		06/40 ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Harold William Schleiermacher</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct. 27, 1931</u>		9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Daniel W. Schleiermacher</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Smith</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>497-42-1611</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Schleiermacher</u> ADDRESS <u>Emden, 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 hemorrhage cerebral</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Concussion severe</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>06/4</u> (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 27 1956 1:40 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. M. O'Donnell</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>5-1-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/4/56</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Philippa P. Feaster</u> ADDRESS <u>Philippa P. Feaster - Garner, R. 2, Emden, Mo.</u>			

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

RECEIVED JUN 16 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 16 1956

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 Harold Turner

Licensed Embalmer No. 3720

P. O. Address Monroe 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 this body is not embalmed, fact should be so stated above.