

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42176

STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 454

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>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Vandalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>612 West Page</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>John</u> <i>First</i> <u>Lloyd</u> <i>Middle</i> <u>Schrieffer</u> <i>Last</i>	4. DATE OF DEATH <u>Dec 13, 1956</u> Month <u>Dec</u> Day <u>13</u> Year <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sep 15, 1956</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>28</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>John Harold Schrieffer</u>	14. MOTHER'S MAIDEN NAME <u>Martha Louise Peabody</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>John H. Schrieffer, Vandalia, Mo.</u> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Patent IntraVentricular Septum</u> DUE TO (b) <u>Cardiac Disimpaction</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>same birth 17 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Mongolism</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u>5:30</u> Month <u>Sept</u> Day <u>15</u> Year <u>1956</u> a. m. <u>PM</u> p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Sept 15, 1956</u>	20f. CITY, TOWN, OR LOCATION <u>Vandalia, Mo</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>Sept 15, 1956</u> to <u>Dec 13, 56</u> and last saw <u>her</u> alive on <u>Dec 13, 56</u> Death occurred at <u>5:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Frank Schrieffer M.D.</u> (Degree, or title)	22b. ADDRESS <u>Vandalia Mo</u>	22c. DATE SIGNED <u>12/17/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 15, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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24. FUNERAL DIRECTOR <u>William B Waters</u> ADDRESS <u>Vandalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-19-56</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Em Luckelby W. Fisher</u>
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DEC 26 1956
MARION CO. HEALTH DEPT.
DATE FILED DEC 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Water*

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.