Health, & Welfare Public Service

S. 300 1-56 3

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12860
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5468 Registrar's No. 229-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural, Taylor Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Near McGraw Ford James River — Length of stay in 1b: ?

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: RFD#1 Strafford 0 2 9 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First BERT Middle Last SCHREINER
4. DATE OF DEATH: About March Day 9 Year 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 18 Oct. 1898
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bill Schreiner
14. MOTHER'S MAIDEN NAME: Annie Compton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Bessie Schreiner (Wife) Address: Strafford, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): EXTREME LOSS OF BLOOD AND DROWNING — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): CUT WRIST (LEFT) AND FALLING INTO RIVER
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 977X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☒ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): CUT LEFT WRIST (APARENTLY) AND THEN EITHER FELL OR JUMPED INTO JAMES RIVER. ~~NEAR AT~~ WAS FOUND ON SNAG NEAR McGRAWS FORD IN GREENE COUNTY.
20c. TIME OF INJURY ~~About~~ Hour a. m. p. m. Month, Day, Year: UNKNOWN
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ?
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from UNATTENDED, to UNATTENDED and last saw her/him alive on UNATTENDED
Death occurred at UNKNOWN m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph H. Rhiem Greene County Coroner
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: 18 April 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 10-57
23c. NAME OF CEMETERY OR CREMATORY: Danforth Cemetery
23d. LOCATION (City, town, or county) (State): Greene Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: J.W. Klingner & Co. Spgfd. Mo. J.A.C.
25. DATE RECD. BY LOCAL REG.: 4-19-57
26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

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 Glen D. Williams

Licensed Embalmer No. 46

P. O. Address Springfie

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