

pt. Health,
c., & Welfare
S. Public
lth Service

FILED DEC 3 - 1957

STANDARD CERTIFICATE OF DEATH

39149
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 9083 Registrar's No. 125

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mound		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Blue Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #71		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Highway #71 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle A Last Schrader			4. DATE OF DEATH Month Nov Day 26 Year 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 7 1880	9. AGE (In years less birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins Adjustor	10b. KIND OF BUSINESS OR INDUSTRY Life Ins. Co.	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Scgrader	13b. MOTHER'S MAIDEN NAME Margaret Kippert	14. NAME OF HUSBAND OR WIFE Elizabeth Schrader
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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) no	16. SOCIAL SECURITY NO. 497 36 8323	17. INFORMANT Elizabeth Schrader-Blue Springs Address MS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Intercostal injury, chest		INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple fractured ribs.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) Fell into back end of truck
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20c. TIME OF INJURY Hour 10 - 11 Month 11 Day 26 Year 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway 71
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Passie	20g. COUNTY Bates	20h. STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at **10:15** **A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas C. Donald MD Coroner (Degree or title)	22b. ADDRESS Bethel, Mo	22c. DATE SIGNED 11/26/57
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23a. BURIAL, CREMATION, REMAINS Burial	23b. DATE 11/30/57	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem	23d. LOCATION (City, town, or county) (State) Jackson Co. Mo.
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24. FUNERAL DIRECTOR Webb Funeral Home-Blue Springs Mo ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 26-1957	26. REGISTRAR'S SIGNATURE Thaddeus Terry
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

170

VS MAY 21 1959

DEC 11 1957

JAN 8 1958

OCT 7 1960

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 *Robert G. Steinhilber*

Licensed Embalmer No. *4657*

P. O. Address *Butte, Mo*

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.