

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009146
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 53 Primary Registration District No. Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jackson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (NOT a hospital, institution) <u>Nursing Home Haven Of Rest</u> INSTITUTION Length of stay in 1b <u>90 days</u>		d. STREET ADDRESS <u>Ridge Road</u> (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN EARNEST SCHREINER</u>			4. DATE OF DEATH Month Day Year <u>Mar. 31 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 3 1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mill</u>	11. BIRTHPLACE (City and state or country) <u>Old Appleton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Schreiner</u>			14. MOTHER'S MAIDEN NAME <u>Ida Ginch</u>			
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. <u>490 01 3664</u>		17. INFORMANT <u>Bill Schredner Jackson, Mo.</u> Address		

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>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>12 yrs.</u>
	DUE TO (c) <u>332X</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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.)	20f. CITY, TOWN, OR LOCATION <u>Jackson</u>	COUNTY <u>Missouri</u>	STATE
21. I attended the deceased from <u>Mar 5, 1958</u> to <u>Mar 24, 1958</u> and last saw her ^{her} alive on <u>3-21-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>J. N. Jaeger M.D.</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>3-25-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson Missouri</u>
24. FUNERAL DIRECTOR <u>McCombs Funeral Home Jackson, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 2, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300-56

Health, Welfare, Public Service

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 *B. C. Meyer*.....

Licensed Embalmer No. *305*.....

P. O. Address *Jackson*.....

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.