

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009209  
State File No.

FILED APR 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5278 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. PATRICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. PATRICK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Sp</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Sp</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>S.</u>	
c. (Last) <u>SCHRECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPTEMBER 21, 1871</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>ST. PATRICK, MO.</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN SCHRECK</u>	
13b. MOTHER'S MAIDEN NAME <u>SOPHIA SCHNEZLER</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE MURPHY SCHRECK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Schreck, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
ANTECEDENT CAUSES <u>Arteriosclerosis</u>		DUE TO (b) <u>Arteriosclerosis</u>	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>April 2, 1954</u> to <u>April 4, 1958</u> that I last saw the deceased alive on <u>April 4, 1958</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Naudis Y. Davis, M.D.</u>		23b. ADDRESS <u>Belton Mo</u>	
23c. DATE SIGNED <u>Apr 6-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-7-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PATRICK CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. PATRICK, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Krause, Jr.</u>	
DATE REC'D BY LOCAL REG. <u>4/11-58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Keokuk, Ia.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0230

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**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~~ *myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *H. M. J. Kraus, Jr.*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4518*

P. O. Address *1212 Concept St.  
Keolu, Hawaii*

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.