

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033593  
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 234 Primary Registration District No. 5816 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>MORGAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MORGAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHLAND Twp</b>		c. CITY OR TOWN <b>RICHLAND Twp</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi. E. of FLORENCE</b>		d. STREET ADDRESS (If outside, give location) <b>3 mi. E. of FLORENCE</b>	
Length of stay in lb <b>70 YRS.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH HENRY SCHRODER</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 19 1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 12 1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days <b>7 7</b>	IF UNDER 24 HRS. Hours Min. <b>7 7</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>MORGAN County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HERMAN SCHRODER</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET NINKEN</b>	14. NAME OF HUSBAND OR WIFE <b>ALICE SCHRODER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-40-4309</b>	17. INFORMANT Address <b>ALICE SCHRODER FLORENCE Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Adynamic ileus and generalized peritonitis</b>		<b>18 hours</b>
Spontaneous perforation of sigmoid colon		<b>6 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma sigmoid colon</b>	<b>1 year</b>
	DUE TO (c) <b>1533</b>	
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 a.m. Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from <b>May 6, 1950</b> and last saw him alive on <b>Sept 19, 1950</b>		Death occurred at <b>8:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>P. F. Eckhoff M.D.</b>	22b. ADDRESS <b>Versailles, Missouri</b>	22c. DATE SIGNED <b>9-22-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT. 22 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORENCE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>FLORENCE Mo.</b>
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24. FUNERAL DIRECTOR <b>J. H. Steverson</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 27 1958</b>	26. REGISTRAR'S SIGNATURE <b>Tom Kipperger</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Every coroner, etc., may use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *J. H. Stevenson*

Licensed Embalmer No. *4073*

P. O. Address *Stover 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.