

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032859

FILED VS SEP 18 1959 63

Registration District No. 5593 Primary Registration District No. 64 Registrar's No. 64

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Jefferson</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>Near Selma, Mo. Plattin</u>		Length of stay in 1b <u>?</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Ambulance</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1104 Themis St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>Leo</u> Last <u>Schrader</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1959</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/21/90</u>		9. AGE (last birthday) <u>69</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>Brick mason (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>			11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Anton Schrader</u>				13b. MOTHER'S MAIDEN NAME <u>Fredericka Renne</u>				14. NAME OF HUSBAND OR WIFE <u>Edna Earl</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>				16. SOCIAL SECURITY NO. <u>198-01-6750</u>		17. INFORMANT <u>Mrs. Edna Schrader Cape Girardeau, 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>Myocardial failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Secondary shock.</u> DUE TO (c) <u>Dissecting Aortic Aneurysm</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>12 hrs</u> <u>50 hours</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac Decompensation</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. p.m. Month, Day, Year												
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 <u>Sept 3/59</u> to <u>Sept 7/59</u> and last saw him alive on <u>Sept 7/59</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>Walter E. Sutton D.</u>						22b. ADDRESS <u>Jackson Missouri</u>			22c. DATE SIGNED <u>9-8-59</u>			
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)					
<u>Burial</u>		<u>9/6/59/</u>		<u>Forest Hills Memorial</u>			<u>Morley, Mo.</u>					
24. FUNERAL DIRECTOR <u>C. J. Lorberg</u>				ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 15-1959</u>		26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1959

SEP 22 1959

DEC 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed J. J. Lotberg
Licensed Embalmer No. 38

P. O. Address Cape Girardeau

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

