DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1959

59–038717
STATE FILE NUMBER

AMENDED

Registration District No. 362 Primary Registration District No. 6232 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY WARREN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRIDGEPORT
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WARREN
c. CITY OR TOWN 7 Miles South of
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Hogg Hill (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ELVA Middle MARIE Last SCHROER
4. DATE OF DEATH Month Oct Day 28 Year 59
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-12-79
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Warren County Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRED HILLEBRAND
13b. MOTHER'S MAIDEN NAME CHRISTINE SCHEER
14. NAME OF HUSBAND OR WIFE Frank SCHROER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Victor Schroer Address New Florence Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ON 28 Oct 59 and last saw her alive on THIS DATE
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) D.O.
22b. ADDRESS Jonesburg, Mo.
22c. DATE SIGNED 31 Oct 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-31-59
23c. NAME OF CEMETERY OR CREMATORY Evangelical
23d. LOCATION (City, town, or county) Big Spring (State) Mo.

24. FUNERAL DIRECTOR Earl A. Harding ADDRESS Jonesburg
25. DATE RECD. BY LOCAL REG. Oct. 31 1959
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul A. Harding

Signature of Student Embalmer

Licensed Embalmer No. 4115

P. O. Address Jonesboro

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