

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-007020

FILED VS FEB 25 1960

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 15-

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		Length of stay in 1b <u>1 Week</u>	c. CITY OR TOWN <u>Alma, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Schleicher Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 Miles North</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>SCHREIMAN</u> Last <u>SCHREIMAN</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>2</u> Year <u>1960</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 6 1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Gasconade Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Schreiman</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Leimkuehler</u>	14. NAME OF HUSBAND OR WIFE <u>Alma, Mo.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harry Schreiman</u>	Address <u>Alma, Mo.</u>
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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: IMMEDIATE CAUSE (a) <u>Terminal bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Vascular Accident</u>	<u>3 wks.</u>
	DUE TO (c) <u>ACU disease</u>	<u>Years</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> 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 <u>Alma, Mo.</u>	COUNTY <u>Lafayette</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>1/17/60</u> to <u>2/2/60</u> and last saw ^{him} alive on <u>2/2/60</u> Death occurred at <u>10:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert B. Best M.D.</u>	22b. ADDRESS <u>Higginsville, Mo.</u>	22c. DATE SIGNED <u>2/3/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 5 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Three Groves Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lafayette Co., Missouri</u>
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24. FUNERAL DIRECTOR <u>A. H. Hader Funeral Home</u> By <u>[Signature]</u> Address <u>Higginsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 19. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>
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DOCUMENT

MEDICAL CERTIFICATION

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
~~or by~~ _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewant Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Va

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.