

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000731

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

WRITE
IN
THIS

Registration District No. 83 Primary Registration District No. 5315 Registrar's No. 3

AMENDED VS FEB 6 1961

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59

DATE AMENDED

70

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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>COOPER</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>WOOLDRIDGE MO</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOOLDRIDGE MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURY</u> b. COUNTY <u>COOPER</u> c. CITY OR TOWN <u>WOOLDRIDGE MO</u> d. STREET ADDRESS (if outside, give location) <u>WOOLDRIDGE MO</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH MARIE SCHTADER</u>			4. DATE OF DEATH Month Day Year <u>JAN. - 31 - 1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 15 - 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	9. AGE (at birthday) Months Days Hours Min. <u>93 1 16</u>
13a. FATHER'S NAME <u>HEYMAN KAISEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE GATCHET</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES SCHTADER</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>W N Schtader 527 Jones Moberly MO</u>	
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>Arterio-sclerotic</u> DUE TO (b) <u>Arterio-sclerotic</u> DUE TO (c) <u>Arterio-sclerotic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. 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 <u>1950</u> to <u>Jan 20 1960</u> and last saw her alive on <u>Jan 30 - 1960</u> Death occurred at <u>12:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mr Decker</u>		22b. ADDRESS <u>Bronnelle MO</u>	22c. DATE SIGNED (State) <u>1/31/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATION	23d. LOCATION (City, town, or county) (State)
<u>BURIAL FEB-2-1961 PLEASANT GROVE</u>		<u>WOOLDRIDGE MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>ALBERT HORNBECK PLATON HOME, MO,</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 2 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>

FEB 24 1961

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Prairie Home 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.