

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

278

Registration District No. Primary Registration District No.

3054

Registrar's No.

25

-61-006124 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		Length of stay in 1b	c. CITY OR TOWN <b>LOUISIANA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>422. So 12th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LURA</b> Middle <b>DOLLY</b> Last <b>SCHREIBER</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>19</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 20 1904</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>WISCONSIN</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>CHAS. CURTIS KELLER</b>		13b. MOTHER'S MAIDEN NAME <b>LORA KINION</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM C SCHREIBER</b>	
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.		17. INFORMANT <b>MRS HAZEL MANN CHICAGO ILL</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Emphysema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
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
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. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>12-10-60</b> to <b>2-19-61</b> and last saw her alive on <b>2-19-61</b> Death occurred at <b>8:35 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>M. Joe Martin, M.D.</b>			22b. ADDRESS <b>Louisiana, Mo</b>		22c. DATE SIGNED <b>2-20-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>FEB. 21 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM</b>		23d. LOCATION (City, town, or county) (State) <b>LOUISIANA MO</b>	
24. FUNERAL DIRECTOR: <b>GEO. M. COLLIER</b>		ADDRESS <b>LOUISIANA MO</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 21-61</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>

APR 7 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 *John M. Collier*

Licensed Embalmer No. 3839

P. O. Address *Providence*

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.