

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010361

AMENDED FILED APR 5 1961 Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 123 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		c. CITY OR TOWN FARMINGTON	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 Patterson		d. STREET ADDRESS (If outside, give location) 318 PATTERSON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EMIL CHARLES SCHRAMM			4. DATE OF DEATH Month Day Year MAR. 29 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/11/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 80
		11. BIRTHPLACE (City and state or country) WEINGARTEN MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY A SCHRAMM		13b. MOTHER'S MAIDEN NAME PHILIPINA HERTER	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Address MRS MARGARET SCHRAMM FARMINGTON MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lymphosarcoma (in chest)</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerotic heart disease</i>			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 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 <i>2-6-60</i> to <i>3-29-61</i> and last saw him alive on <i>3-27-61</i> Death occurred at <i>11:45 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Cantler, M.D.</i> (Degree or title)		22b. ADDRESS <i>Farmington, Mo</i>	22c. DATE SIGNED <i>3-30-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>4/1/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>lutheran</i>	23d. LOCATION (City, town, or county) (State) <i>FARMINGTON MISSOURI</i>
24. FUNERAL DIRECTOR ADDRESS <i>C. H. COZEAN FARMINGTON MO.</i>		25. DATE RECD. BY LOCAL REG. <i>Mar. 30, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>

APR 19 1961

APR 14 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 _____

Licensed Embalmer No. 0408

P. O. Address Farmington

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.