

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016591

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 519

AMENDED

FILED MAY 29 1961

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>	Length of stay in 1b <u>1 hour</u>	c. CITY OR TOWN <u>Atchison</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2401 Frederick Ave.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2224 Millwood Drive</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last
Steven Ray Schroeder

4. DATE OF DEATH Month Day Year
May 16, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH Jan. 31, 1961 9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months 3 Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home 10b. KIND OF BUSINESS OR INDUSTRY
Atchison, Kansas 11. BIRTHPLACE (City and state or country)
U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Carl Ray Schroeder 13b. MOTHER'S MAIDEN NAME Mary Ragland 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)
No 16. SOCIAL SECURITY NO. None 17. INFORMANT Carl Ray Schroeder, Atchison, Kan.
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

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 Month, Day, Year
a.m. p.m.

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 Jan. 31 to 61 and last saw him alive on May 14 1961
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Spencer East, M.D. 22b. ADDRESS Atchison, Kan. 22c. DATE SIGNED 5/17/61

23a. BURIAL/CREMATION, REMOVAL (Specify) Removal 23b. DATE 5/16/1961 23c. NAME OF CEMETERY OR CREMATORY Lancaster Cemetery 23d. LOCATION (City, town, or county) (State) Lancaster, Kan.

24. FUNERAL DIRECTOR ADDRESS The Stanton Mortuary, Atchison, Kan. 25. DATE RECD. BY LOCAL REG. May 22, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

S. East, M.D.

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 Wm. Stanton, Jr.

Licensed Embalmer No. 3778

P. O. Address Atchison,

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.