

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

401852 SL 19563

-61-022529  
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5228**

DATE RECORDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY				
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>915 N GRAND, ST LOUIS, MO.</b>		Length of stay in 1b. <b>10 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</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>VETS. ADMIN. HOSPT.</b>				d. STREET ADDRESS (If outside, give location) <b>6318 OLEATHA</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>EMILY</b> Last <b>FARNSWORTH</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>3</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>6/14/96</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED NURSE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>LEAVENWORTH, KANS.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM SCHROEDER</b>			13b. MOTHER'S MAIDEN NAME <b>MINNIE DRAEGER</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW I</b>				17. INFORMANT Address <b>HELEN VETTER (SISTER) 1100 N. 13TH ST. LEAVENWORTH, KANS.</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>CARDIAC FAILURE</b> DUE TO (b) <b>RHEUMATIC HEART DISEASE</b> DUE TO (c) <b>4/6x</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>40 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		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. <b>VA</b> attended the deceased from <b>5/24/61</b> to <b>6/3/61</b> and last saw <sup>her</sup> <del>him</del> alive on <b>6/3/61</b> Death occurred at <b>8:55</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deputy or title) <b>WENZEL A. LEFF, M.D.</b>				22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>6/4/61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>6-8-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Muncie Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Leavenworth, Kansas</b>		
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b> Address <b>6464 Chippewa St.</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 5 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>		

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John S. Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.