MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028596
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 365

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2-miles East Old Appleton
Length of stay in 1b 93yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Girardeau
c. CITY OR TOWN Old Appleton
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 2-miles East old Appleton
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Benjamin Middle Philiph Last Schreiner
4. DATE OF DEATH Month Aug Day 29 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 4/20/1868
9. AGE (last birthday) 93
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Old Appleton
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Schreiner
13b. MOTHER'S MAIDEN NAME Bertha Gensch
14. NAME OF HUSBAND OR WIFE Martha Schreiner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Walter Schreiner Address Old Appleton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH 14 months
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) Mal nutrition
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 a.m. p.m. Month, Day, Year
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 24 July 61, to 24 July 61 and last saw him alive on 24 July 61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Stanley Wagner (Degree or title) M.D.
22b. ADDRESS Perryville Mo
22c. DATE SIGNED 9/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/31/1961
23c. NAME OF CEMETERY OR CREMATORY Zion Methodist
23d. LOCATION (City, town, or county) Old Appleton (State) Mo
24. FUNERAL DIRECTOR McCombs ADDRESS Jackson-Mo
25. DATE RECD. BY LOCAL REG. 9-6-61
26. REGISTRAR'S SIGNATURE Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 12 1961

SEP 18 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 Bruce Dockins

Licensed Embalmer No. 5097

P. O. Address Jackson - 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.