

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046002

STATE FILE NUMBER

AMENDED

Registration District No. 3/6 Primary Registration District No. _____ Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>St. Francois Twp. Farmington Rt. #1</u>		Length of stay in 1b <u>30 days</u>	c. CITY OR TOWN <u>Bismarck</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>Thomas Dell Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>F</u> Last <u>SCHROTT</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>18</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HR Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Operator P.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Public Acc.</u>		11. BIRTHPLACE (City and state or country) <u>Gowanda, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Lawrence Schrott</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Benton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Dolvin Tinsley</u> Address <u>Bismarck, Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u>	<u>Years</u>
	DUE TO (c) <u>Arteriosclerosis</u>	<u>Years</u>
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.) <u>_____</u>	
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 type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION <u>Bismarck</u> COUNTY <u>Missouri</u> STATE <u>_____</u>	
21. I attended the deceased from <u>12-13-60</u> to <u>12-17-61</u> and last saw <u>him</u> alive on <u>12-17-61</u> . Death occurred at <u>3:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bismarck, Missouri</u>	
22c. DATE SIGNED <u>12-22-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>Dec. 19, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valley Hall Crematory</u>	
23d. LOCATION (City, town, or county, State) <u>7800 St. Charles Rock Rd. St. Louis, Missouri</u>			
24. FUNERAL DIRECTOR <u>Shipman & Sons</u> ADDRESS <u>Bismarck, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 19, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 V. Sigman

Licensed Embalmer No. 4881

P. O. Address Bismarck

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.