MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007360
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 15

FILED FEB 20 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FREEBURG, MO.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: FREEBURG, MO.
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: HERMAN Middle: Last: SCHROEDER
4. DATE OF DEATH: Month Day Year: FEB. 13, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 6/26/78
9. AGE (last birthday): 83
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Richfountian, Mo.
12. CITIZEN OF WHAT COUNTRY: US A
13a. FATHER'S NAME: John Schroeder
13b. MOTHER'S MAIDEN NAME: Mary Schleuter
14. NAME OF HUSBAND OR WIFE: Josephine Baumgartner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jpseph Schroeder Address: J C MO.

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Sen arteriosclerosis — 6 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chr nephritis due to prostatic stricture
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 11/23/56, to 2/13/62 and last saw her alive on 2/12/62
Death occurred at 6:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): N Kanagawa MD
22b. ADDRESS: 515 E High St
22c. DATE SIGNED: 2/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/16/62
23c. NAME OF CEMETERY OR CREMATORY: Holy Family
23d. LOCATION (City, town, or county) (State): Freeburg, Mo.

24. FUNERAL DIRECTOR: Sylvester Duelle ADDRESS: J C MO.
25. DATE RECD. BY LOCAL REG.: 2/16/62
26. REGISTRAR'S SIGNATURE: Mrs. Lloyd Morton

(Licensed Embalmer's Statement on Reverse Side)

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. 4324

P. O. Address_____

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.