

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014035

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 107

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0047

2 0040

3

4 0

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9 4201

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12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK

OR  
TYPEWRITER RIBBON  
W. Bradley MD

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED MAY 9 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Audrain</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>		Length of stay in lb <b>45 days</b>		c. CITY OR TOWN <b>Vandalia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <b>John</b> Middle <b>Frederick</b> Last <b>Schriefer</b>		4. DATE OF DEATH <b>April 30, 1962</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>3-29-1891</b>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Vandalia, Mo.</b>	
13a. FATHER'S NAME <b>Henry Schriefer</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Nell Schriefer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>John Schriefer, Vandalia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2h 40min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Previous myocardial infarction</b>		<b>42 days</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. <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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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. I attended the deceased from <b>March 19, 1962</b> to <b>April 30, 1962</b> and last saw her <sup>him</sup> alive on <b>April 29, 1962</b>		Death occurred at <b>5:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William W. Bradley MD</b>		22b. ADDRESS <b>Box 178, Farber, Mo</b>		22c. DATE SIGNED <b>5-2-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-2-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Vandalia, Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Vandalia, Missouri</b>		24. FUNERAL DIRECTOR <b>William Blanton, Vandalia, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 3, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Keely</b>					

Permit not obtained

ART.

**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 William B. Stutes

Licensed Embalmer No. 4169  
P. O. Address Vandalia, Missouri

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.