

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027927

Registration District No. 233 Primary Registration District No. 5810 Registrar's No. 109

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10700
20700

3
4 0
5 1
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9433.0

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1290-0
132-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

1. DECEASED JUL 26 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Montgomery</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Montgomery</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Spring Mo</u>		c. CITY OR TOWN <u>Big Spring Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Big Spring Mo</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles F Schroff</u>			4. DATE OF DEATH Month Day Year <u>7-14-1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1889</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Big Spring Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>
13a. FATHER'S NAME <u>Conrad Schroff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hausen</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Schroff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Louise Schroff MC Kittrick, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardiitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<u>6 years</u>
DUE TO (b) <u>atrio-ventricular Block</u>		
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 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 1956</u> to <u>July 14-1962</u> and last saw ^{him} <u>him</u> alive on <u>July 3, 1962</u> Death occurred at <u>2 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M D Chmura MD</u>		22b. ADDRESS <u>Marthasville Mo</u>	
22c. DATE SIGNED <u>7-16-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 16 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Big Spring Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>D B Baker New Florence, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Laura Ballawry</u>	

JUL 27 1962

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.