

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1719344

SL-30262

1402-63-009361

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

FILED FEB 18 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b <b>21 DAYS</b>	c. CITY OR TOWN <b>CEDAR CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>BOX 26</b>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last <b>CARL F. SCHRADER</b>			Month Day Year <b>FEBRUARY 7 1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-4-88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>HOLDEN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>HENRY SCHRADER</b>		13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE ROSWAY</b>	14. NAME OF HUSBAND OR WIFE <b>BESS T. SCHRADER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, if unknown) (If yes, give year or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b> <b>ADENO-GARCINOMA OF SIGMOID</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>153.3</b> DUE TO (c)		17. INFORMANT <b>BESS T. SCHRADER</b> See 2 above Address	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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.) <b>VA</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. // VA attended the deceased from <b>1-18-63</b> to <b>2-7-63</b> and last saw him alive on <b>2-7-63</b> Death occurred at <b>5:45 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>[Signature]</i> <b>M.D.</b>		22b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	22c. DATE SIGNED <b>2-8-63</b>
23a. BURIAL, CREMATION, or other disposal of body (Specify) <b>Removal</b>		23b. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Buescher Funeral Home, Jefferson City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 8 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>M.D.</b>

FEB 19 1963

FEB 20 1963

**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 Stanley H. Ripou  
Licensed Embalmer No. 1193  
P. O. Address St. Louis

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.