

'THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2437**

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (in this place) 4 years	c. CITY OR TOWN Richmond
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 West Main Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 527 West Main Street		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST	b. (Middle) F	c. (Last) SCHROEDER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 27, 1894	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months 11 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Norborne, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry C. Schroeder	13b. MOTHER'S MAIDEN NAME Caroline Thuner	14. NAME OF HUSBAND OR WIFE Juanita Swafford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. 487-07-1811	17. INFORMANT'S SIGNATURE OR NAME Mrs. Juanita Schroeder, Richmond, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 11		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-27-1954** to **1-27-1954** that I last saw the deceased alive on **1-25-1954** and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Jay M.D.	(Degree or title)	23b. ADDRESS Richmond, Missouri	23c. DATE SIGNED 1-29-54
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24a. BURIAL: CREMATION REMOVAL (Specify) Burial	24b. DATE 1-30-1954	24c. NAME OF CEMETERY OR CREMATORY Woodland	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. Feb 1-1954	REGISTRAR'S SIGNATURE Mabel Jackson	2730	25. FUNERAL DIRECTOR'S SIGNATURE Thomas G. Carter	ADDRESS Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Feb 1 1911

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 *Thomas J. Carter*

Licensed Embalmer No. *44*

P. O. Address *Richmond*

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.