

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

223160

Do not use this space.

RECD JUL 25 1938
PLACE OF DEATH

(a) County Vermon Registration District No. 895
(b) Township Center Primary Registration District No. 3039 Registered No. 166
(c) City Nevada (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin G. Schriebl 616
(a) Residence, No. Deerfield, Mo. R.F.D. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1868</u> | | |
| 7. AGE <u>70</u> | YEARS | MONTHS |
| | <u>1</u> | <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u> | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton County Missouri</u> | | |
| 13. NAME <u>John Schriebl</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 17. INFORMANT <u>Aubrey Schriebl</u> (ADDRESS) <u>Nevada, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deerfield Mo</u> DATE <u>July 5, 1938</u> | | |
| 19. FUNERAL DIRECTOR <u>Leroy Funeral Home</u> (ADDRESS) <u>Nevada, Mo</u> | | |
| 20. FILED <u>7-5</u> 1938 <u>Allen J. Keys</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938

22. I HEREBY CERTIFY That I attended deceased from 7/1 1938 to 7/4 1938
I last saw him alive on 4/7 1938 Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of bowels Date of onset _____

Other contributory causes of importance: 46

Cystinoma of stomach

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) J. M. Hart M. D.
Nevada Mo
795 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

1-121203

STATEMENT BY LICENSED EMBALMER

I, Lloyd R. Winsett, Licensed Embalmer No. 3857
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Lloyd R. Winsett
Licensed Embalmer No. _____

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.)