

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4392

BIRTH NO. 1949 REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <i>Barrenford</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Barrenford</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Meramec</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Steelville Rural R 2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>Steelville Mo</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Nettie</i>	b. (Middle) <i>May</i>	c. (Last) <i>Schrock</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 5 1949</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Feb 10 - 1884</i>	9. AGE (in years last birthday) <i>64</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>10</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Rooks County Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>America</i>
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13a. FATHER'S NAME <i>William North</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Davis</i>	14. NAME OF HUSBAND OR WIFE <i>George S. Schrock</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Left Lobe</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chol. Cystitis</i> DUE TO (c) <i>Chol. Lethargia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>55</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>no</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input 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 *1-6-49*, 1949, to *1-16-49*, 1949, that I last saw the deceased alive on *1-16-49*, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. Elliott</i>	(Degree or title)	23b. ADDRESS <i>St. James Hospital, Steelville, Mo</i>	23c. DATE SIGNED <i>1-16-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>1/18-1949</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Steelville Oklahoma</i>
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DATE REC'D BY LOCAL REG. <i>1-16-49</i>	REGISTRAR'S SIGNATURE <i>C. K. Liddle</i>	76	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L. J. Brown &amp; Son Steelville MO</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1940

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 Hayden

Embalmed

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Hayden

Licensed Embalmer No. 2428

P. O. Address Steebelkmo

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 this body is not embalmed, fact should be so stated above.