

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11492

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 4002		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY <i>Adair</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Adair</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Brushers</i>		c. LENGTH OF STAY (in this place) <i>14 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Brushers</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>THEODORE</i> c. (Last) <i>SCHRAPE</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>APR. 9" 49.</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>5-28-1867</i>	
9. AGE (in years last birthday) <i>86</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Quincy, Ill</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13a. FATHER'S NAME <i>Henry Schrage</i>			13b. MOTHER'S MAIDEN NAME <i>Christine not known</i>		14. NAME OF HUSBAND OR WIFE <i>Martha Schrage</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Martha Schrage, Brushers, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH	
		*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Congestive cardiac failure</i>					
		DUE TO (c) <i>Senility</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>470</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <i>Jan 11, 1949</i> , to <i>April 9, 1949</i> , that I last saw the deceased alive on <i>April 9, 1949</i> , and that death occurred at <i>5 P.M.</i> , from the causes and on the date stated above:							
23a. SIGNATURE <i>Wm. W. Scherzer, D.O.</i> (Degree or title)				23b. ADDRESS <i>Hurdland, Missouri</i>		23c. DATE SIGNED <i>Apr 15 49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-11-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Brushers Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Brushers, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-18-49</i>		REGISTRAR'S SIGNATURE <i>Wata Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Foster R. Easley, Brushers, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1949

RECEIVED

District Health Officer No. _____

District File Number 4497

Date Filed APR 26 1949

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 _____
Student Embalmer

Signed Chas B. Bradley Jr.

Licensed Embalmer No. 3953

P. O. Address Hurdland Md.

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.