

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14681**

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6260** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster 11th	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour Mo Rt 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour Mo Rt 3	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION. J			

3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) Wayne c. (Last) Schroeder			4. DATE OF DEATH (Month) (Day) (Year) April 18 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 2 1937	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Webster County Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Martin Schroeder	13b. MOTHER'S MAIDEN NAME Opal Mincks	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Opal Schroeder	ADDRESS Seymour Rt 3
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck and Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colic		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad Crossing near Seymour	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Seymour Rt 3 Webster Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 18 1949 8:50 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car hit by train 112

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Kelley Coroner	23b. ADDRESS Fordland Mo	23c. DATE SIGNED 4-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-49	24c. NAME OF CEMETERY OR CREMATORY Fordland Cemetery	24d. LOCATION (City, town, or county) (State) Fordland Mo
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DATE REC'D BY LOCAL REG. 4-22-49	REGISTRAR'S SIGNATURE Walter W. Coody	25. FUNERAL DIRECTOR'S SIGNATURE Keller, Forcell Bergman	ADDRESS Seymour Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 449-486

Date Filed 4-28-49

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. 282

working under my personal supervision.

Student Max L. Miller
Student Embalmer

Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland mo

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.