

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 16 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19173

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		<u>1090</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>U</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u>			b. (Middle) <u>Schrantz</u>			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1950</u>								
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 8, 1866</u>		
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hour _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo.</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick C. Schwarze</u>			13b. MOTHER'S MAIDEN NAME <u>Justine Scholmann</u>			14. NAME OF HUSBAND OR WIFE <u>George Schrantz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Maria Schrantz, Warrenton, Mo.</u>			
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, ashenia, 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) <u>Cerebral Embolism</u>								
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Cardio-vascular disease</u>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>442X</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>5-6-1949</u> , to <u>5-4-1950</u> , that I last saw the deceased alive on <u>5-4-1950</u> , and that death occurred at <u>11:15 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>F. W. Nieburg, M.D.</u>				23b. ADDRESS <u>Warrenton, Mo.</u>		23c. DATE SIGNED <u>5-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-6-50</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u> <u>421</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____

District Health Officer No. 9,

MAY 13 1950

RECEIVED

OCT 13 1950

NOV 16 1950

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 John J. Huebner

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.