FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26680

BIRTH NO. 488216-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WETZEL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton 1420
d. STREET ADDRESS (If rural, give location): Route 4 # 0

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) EUGENE c. (Last) SHRODER
4. DATE OF DEATH (Month) (Day) (Year): Aug. 22 50
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant 0
8. DATE OF BIRTH: Aug 11-50
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 11 Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Clinton Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Vernon Shroder
13b. MOTHER'S MAIDEN NAME: Ila Hanna Bunger
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Vernon Shroder ADDRESS: Clinton Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of heart — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Blocking of portal circulation
DUE TO (c) tumor of liver — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11, 1950, *to* 8/22, 1950, *that I last saw the deceased alive on* 8/21, 1950, *and that death occurred at* 2:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R J Powell (Degree or title) MD
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: 8/22/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): 0
24b. DATE: Aug. 23 - 1950
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove
24d. LOCATION (City, town, or county) (State): near Urich, Henry Co. Mo

DATE REC'D BY LOCAL REG.: Aug. 23-50
REGISTRAR'S SIGNATURE: Florence Adair 0
25. FUNERAL DIRECTOR'S SIGNATURE: W J Brown ADDRESS: Urich Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVE
DISTRICT HEALTH OFFICE
District File Number
Date Filed 8/2

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 R. R. Kenney

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
the above constitutes grounds for revocation of license.)

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