

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5586

0804

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>565</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY OR TOWN <u>WARSAW</u>		<u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>LEE</u> c. (Last) <u>SCHRODER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 17, 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept 25, 1900</u>	
9. AGE (In years last birthday) <u>50</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		11. UNDER 18 Hrs. <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Auto Dealer</u>		11. BIRTHPLACE (State or foreign country) <u>MORGAN CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William R. Schroder</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA PREGGE</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi Schroder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Naomi Schroder Warsaw</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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Acute Left Heart Failure</u>				<u>2 Hours</u>	
		DUE TO (c) <u>Acute Myocardial Infarction</u>				<u>18 Days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
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) m.		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>MAR 1949</u> , to <u>17 Feb, 1951</u> , that I last saw the deceased alive on <u>16 Feb, 1951</u> , and that death occurred at <u>1:46 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Naomi Schroder M.D.</u>				23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>17 Feb 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE</u>		24d. LOCATION (City, town, or county) (State) <u>WARSAW Benton MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 19, 1951</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell M.D. deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u>		ADDRESS <u>Warsaw</u>	

RECEIVED 2.26.51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2.26.07

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 F. Reser  
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.