

S. No. 300  
v. 10.48

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32548

State File No. ....

BIRTH NO. .... REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5114 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Wayne.</u>	c. LENGTH OF STAY (in this place) <u>58 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wayne, 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenbrier, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Greenbrier,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Loretta</u> b. (Middle) <u>Schroek,</u> c. (Last) <u>Schroek,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 51</u>			
5. SEX <u>Female,</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-1-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>	11. BIRTHPLACE (State or foreign country) <u>GGoleonsa, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joe Merion Johns,</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jones,</u>	14. NAME OF HUSBAND OR WIFE <u>Berthold Schroek,</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Leadbetter,</u>	ADDRESS <u>Greenbrier, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12-14 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyper-tatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Failure</u> DUE TO (c) <u>Myocardial Decompensation</u>		
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 <u>+ 222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept, 1949, to 14 Oct, 1951, that I last saw the deceased alive on 12 Oct, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Merrill M.D.</u>	23b. ADDRESS <u>Advocate, Mo.</u>	23c. DATE SIGNED <u>19 Oct 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial, Ill.</u>	24b. DATE <u>10-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion, Country, Maple Hill, Ill.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Oct 20 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Vandenberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prof. Shethy. Koutsuilla, mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

OCT 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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**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.....

*Howard R. Stamen*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.