

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

BIRTH NO.		REG. DIST. NO. <u>220-4338</u>		PRIMARY REG. DIST. NO. <u>2026</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. LENGTH OF STAY (in this place) <u>1 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205-FIRST STREET</u>				d. STREET ADDRESS (If rural, give location) <u>205-FIRST STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDRICK</u>			b. (Middle) <u>G</u>			c. (Last) <u>SCHACHTSICK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 28 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEBRUARY 20 1875</u>		9. AGE (In years less birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RET.</u>		11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HERMAN SCHACHTSICK</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE ILTNER</u>		14. NAME OF HUSBAND OR WIFE <u>CHRISTINA SCHACHTSICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>SPANISH AMERICAN WAR</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Schachtsick</u> ADDRESS <u>Monroe City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 YEARS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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>331X</u>				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)		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>OCT 11, 1947</u> , to <u>OCT 28, 1951</u> , that I last saw the deceased alive on <u>OCT 27, 1951</u> , and that death occurred at <u>5:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Hobbs M.D.</u> (Degree or title)				23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>OCT 30, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-31-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE COUNTY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-31-51</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burdett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> ADDRESS <u>MONROE CITY MISSOURI</u>			

Date Received: NOV 13 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-2037
Date Filed: NOV 13 1951

1951
17 1951
RDN

1951

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Wilcox

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Manassas City, Va

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.