No. 300
10.48

FILED NOV 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34772

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 341

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington RURAL St. Francois
c. LENGTH OF STAY (In this place) 4Y; 1M; 21das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fornfelt 1000
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) AMANDANA b. (Middle) c. (Last) SCHRIEFER

4. DATE OF DEATH (Month) (Day) (Year) October 20, 1951

5. SEX Female /
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married /
8. DATE OF BIRTH July 8, 1885
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 3 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in general store.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Perry County, Indiana /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernest Andy Schriefer
13b. MOTHER'S MAIDEN NAME Rosena Pettibone
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No.4, Farmington, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition - - - - - - - - - - - - - - - - - INTERVAL BETWEEN ONSET AND DEATH Abt. 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Psychosis with cerebral arteriosclerosis.
DUE TO (c)

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 334X
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* June 22, *19* 50, *to* Oct. 20, *19* 51, *that I last saw the deceased alive on* October 20, *19* 51, *and that death occurred at* 3:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan M.D.
23b. ADDRESS State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED 10-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-21-51
24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery
24d. LOCATION (City, town, or county) (State) Cape Girardeau County, Mo.

DATE REC'D BY LOCAL REG. Oct. 22, 1951
REGISTRAR'S SIGNATURE Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff Funeral Home, Chaffee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 27 1951
DISTRICT HEALTH OFFICE No. 4
File No. ____
DEC 4 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 ____ Student Embalmer No. ____ working under my personal supervision.

Student ____
Student Embalmer

Signed Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.