No. 300
10.48

FILED MAY 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11926

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 10

1040

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cuivre
c. LENGTH OF STAY (in this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile SW Vandalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cuivre 0040
d. STREET ADDRESS (If rural, give location): 1 mile SW Vandalia

3. NAME OF DECEASED (Type or Print): a. (First) Nell b. (Middle) Gertrude c. (Last) Schrieffer

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 11, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 3 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Vandalia, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Barnes
13b. MOTHER'S MAIDEN NAME: Emiline Tipton
14. NAME OF HUSBAND OR WIFE: John F. Schrieffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John F. Schrieffer, Vandalia, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest with jury. Was found drowned

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in a stock tank of water. No
DUE TO (c) evidence of foul play. Only

II. OTHER SIGNIFICANT CONDITIONS - *Conditions contributing to the death but not related to the disease or condition causing death.* Self drowning while of unsound mind.

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cuivre Audrain Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 7 1952 6 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Drowning

22. *I hereby certify that I attended the deceased from* Inquest, *19* Coroners Case *19*___, *that I last saw the deceased* Did *alive on* May 7th, *19*52, *and that death occurred at* 6 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: May 9 1952
REGISTRAR'S SIGNATURE: Mallie Fregua 6-9
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. S. Waters Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. B. Yates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.