

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. *8248*

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conception Jct. - rural</u> <i>0740</i>	
c. LENGTH OF STAY (in this place) <u>4 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles southwest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SCHIEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 52</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>5/24/01</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (State or foreign country) <u>Conception, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Schieber</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Kern</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Lager Schieber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lawrence Schieber, Conception</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma gastric left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</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) _____		
11. OTHER SIGNIFICANT CONDITIONS <u>M states carcinoma from carcinoma gastric</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1952</u> <u>11/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma gastric left</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>180X</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to Nov. 15, 1952, that I last saw the deceased alive on 11/15/52, 19____, and that death occurred at 9:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>11/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>	24d. LOCATION (City, town, or county) (State) <u>Conception, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-22-52</u>	REGISTRAR'S SIGNATURE <u>Kess Holtz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>			

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

7420

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

JAN 6 1953

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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 *Clem M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.