

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 417

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural: Marion Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Marion Twp. <u>0110</u>	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1 1/2 mile S. of highway #36	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 1/2 mile S. of highway #36			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fred c. (Last) Schreiber			4. DATE OF DEATH (Month) (Day) (Year) January 27, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 4, 1863		9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Schreiber	13b. MOTHER'S MAIDEN NAME Frederica Ackerman	14. NAME OF HUSBAND OR WIFE Minnie
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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) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Schreiber, R.R. #1, Easton, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 50 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Sep, 1954, to Dec, 1952, that I last saw the deceased alive on Dec, 1952, and that death occurred at 9:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) W. Allman	23b. ADDRESS St. Joseph, City	23c. DATE SIGNED 1/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/29/1953	24c. NAME OF CEMETERY OR CREMATORY Blakely Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri
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DATE RECD BY LOCAL REG. Feb 6, 1953	REGISTRAR'S SIGNATURE Paul C. Castel	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110

Dr. Williams

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 *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *319 S. 10th, St. Joseph, 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.