

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27973

State File No.

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jackson, Mo.</u> <u>0161</u>	
c. LENGTH OF STAY (In days) <u>30 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>204 Cherry St.</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Conrad</u> b. (Middle) _____ c. (Last) <u>Schade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>7</u> <u>1953</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>Dec 30, 1869</u>		9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR (Days) _____ 11. UNDER 1 Mo. (Hours) _____ 12. UNDER 1 Mo. (Mins.) _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Altenburg, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>August Schade</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Schade</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Schade</u> ADDRESS <u>Jackson, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left Femur</u>		DUE TO (b) <u>Osteoporosis & senility</u>				<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				<u>3 yrs.</u>	
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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>016</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from Aug 2, 1953 to Aug 7, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 11:03 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>J. N. Jager M.D.</u> (Degree or title)		23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>8-8-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell-Heights</u>	
				24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-10-53</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u> <u>44</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Summers</u> ADDRESS <u>Jackson, MO.</u>	
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(Increased Embalmers' Statement on Reverse Side)

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

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

Lynnan Steele

Licensed Embalmer No.

2476

P. O. Address

Jacksonville

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.