

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7971**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3009** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Jackson, Mo.	c. LENGTH OF STAY (in this place) 5 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) Likeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deil Nursing Home		d. STREET ADDRESS (If rural, give location) 104 North St.	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) SCHROFF c. (Last) SCHROFF		4. DATE OF DEATH (Month) (Day) (Year) 3 24 54	
5. SEX F.m.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 30, 1868
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birt/day) 86
10a. CITIZENSHIP OF WHAT COUNTRY U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME Jasper Heible	13b. MOTHER'S MAIDEN NAME Jessie Harris	14. NAME OF HUSBAND OR WIFE John W. Schroy
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.	17. INFORMANT'S SIGNATURE OR NAME Berene DeSile, Physician
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.		19. ADDRESS DeSile, Physician

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, recurrent		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral arteriosclerosis		
		DUE TO (c) hypertensive arteriosclerotic cardiovascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		auricular fibrillation & myocardial damage		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 22, 1954 , to March 24, 1954 , that I last saw the deceased alive on March 23, 1954 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.		

23a. SIGNATURE J. H. Trolinger, M.D.	(Degree or title)	23b. ADDRESS J. H. TROLINGER, M. D. JACKSON, MISSOURI	23c. DATE SIGNED 3/27/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/27/54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Likeston, Mo
DATE REC'D BY LOCAL REG. Apr 3-54	REGISTRAR'S SIGNATURE D. S. Suter	43	25. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor
		ADDRESS Likeston, Mo	

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.....

Gris S. Marshall

Licensed Embalmer No. *4601*

P. O. Address *Seventon 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.