

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26912  
Registrar's No. 16-55

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 5680

1. PLACE OF DEATH a. COUNTY <b>LINN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ENTERPRISE TWP</b>		c. LENGTH OF STAY (In this place) <b>82 YR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PURDIN, MO, RFD</b>		d. STREET ADDRESS (If rural, give location) <b>PURDIN, R.F.D. 1570</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>SCHREINER</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 24, 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 16, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER - RET</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>		11. BIRTHPLACE (State or foreign country) <b>PURDIN, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>FREDERICK SCHREINER</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE DEDRICK</b>		14. NAME OF HUSBAND OR WIFE <b>CAROL HEAD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. CAROL SCHREINER, PURDIN, MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) _____				
*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) <b>331x</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage</b>					<b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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 Aug 1, 1955, to Aug 24, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.R. Mauter M.D.</b>		23b. ADDRESS <b>Browning Mo</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG. 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PURDIN CEM.</b>	
		24d. LOCATION (City, town, or county) (State) <b>PURDIN, MO.</b>			

DATE REC'D BY LOCAL REG. <b>Aug. 28 '55</b>		REGISTRAR'S SIGNATURE <b>Etha Crookshank</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WRIGHT FUNERAL HOME, BROOKFIELD, MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Harold B. Wright*

Licensed Embalmer No. ....

*3718*

P. O. Address

*BROOKFIELD, 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.