

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32825

State File No.

FILED OCT 15 1956

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>157</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Wrayette</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. LENGTH OF STAY (If in place) <u>5 days</u>		c. CITY OR TOWN <u>Corder (Rural) 5 Mi. North</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fitzgibbon</u>				e. STREET ADDRESS (If rural, give location) <u>540</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILIE</u>		b. (Middle) <u>HOLSTEN</u>		c. (Last) <u>SCHREIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 56</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 30, 1889</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Jacob Holsten</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Holsten</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Schreier Corder Mo.</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Schreier</u> ADDRESS <u>Corder, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anemia</u>		ANTECEDENT CAUSES (b) <u>pulmonary fibrosis</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.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>Pulmonary fibrosis</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"/>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>10-19</u> , to <u>10-5</u> , 19 <u>56</u> that I last saw the deceased alive on <u>10-5</u> , 19 <u>56</u> , and that death occurred at <u>9:24</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. J. Higgins</u> (Degree or title) _____				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>10-9-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Corder, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>Carl G. Read</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Voss</u> ADDRESS <u>Higginsville, Mo.</u>				

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

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Department

OCT 25 1958

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.....
Signature of Student Embalmer

Signed *Forest A. Hayes*

Licensed Embalmer No...4801.....

P. O. Address *Higginsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.