

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34976**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **412**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY OR TOWN Sedalia	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 37 yrs		e. STREET ADDRESS (If rural, give location) 1509 So. Moniteau	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) _____ c. (Last) Schader		4. DATE OF DEATH (Month) (Day) (Year) Nov 9 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 27 1881
9. AGE (in years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saction		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Bahner Mo
12. CITIZEN OF WHAT COUNTRY? U S A			

13a. FATHER'S NAME Frank Schader	13b. MOTHER'S MAIDEN NAME Elizabeth Stouder	14. NAME OF HUSBAND OR WIFE Anna M. Schader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 70214-4695	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Leo Schader Sedalia

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Valvular Heart Disease, Chronic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Chronic		
	DUE TO (c) Enteric-salmonellosis, Chronic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis, glomerulo. Chronic			

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from **12/1**, 19**54**, to **11/9**, 19**56**, that I last saw the deceased alive on **11/8**, 19**56**, and that death occurred at **8 a** m. from the causes and on the date stated above.

23a. SIGNATURE J.P. Beekman (Degree or title) MD	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 11/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-56	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) Sedalia Mo		

DATE REC'D BY LOCAL REG. 11-10-56	REGISTRAR'S SIGNATURE Thoma Coong, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Bros Sedalia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51-0

APR 27 1956
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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.....
Signature of Student Embalmer

Signed *James R. Ashen*

Licensed Embalmer No. *493*

P. O. Address *Sedalia,*

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.