

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35022**

FILED OCT 26 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana Mo	c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Clarksville Missouri	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		STREET ADDRESS (If rural, give location) 0870	

3. NAME OF DECEASED (Type or Print) a. (First) Fredric William b. (Middle) Schambach c. (Last) Schambach			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July, 11, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Danville Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Herman Schambach	13b. MOTHER'S MAIDEN NAME Harriett Applegate	14. NAME OF HUSBAND OR WIFE Ellen B. Schambach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Spanish-American	17. INFORMANT'S SIGNATURE OR NAME Blanchette Moore	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Passive Congestion of Lungs 3 yrs.		
	DUE TO (c) Atherosclerotic Heart Disease 3 yrs.		
11. 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 4200	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) _____
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 **Dec 12, 1955**, to **Oct 14, 1956**, that I last saw the deceased alive on **Oct 13, 1956**, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Beckman M.D.	23b. ADDRESS Clarksville Mo.	23c. DATE SIGNED 10-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE Oct 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Clarksville Missouri
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DATE REC'D BY LOCAL REG. Oct 16, 1956	REGISTRAR'S SIGNATURE Dernese Callier	25. FUNERAL DIRECTOR'S SIGNATURE W. Brown	ADDRESS Clarksville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

74

1012
1013

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 *L.H. Brown*.....

Licensed Embalmer No. *2648*

P. O. Address *Blackwell*

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.