

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42378

State File No.

FILED DEC 17 1956

BIRTH NO. 3578712-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY OR TOWN <u>Jipton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>810</u>
c. LENGTH OF STAY (in this place) <u>16 days</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles S.W. Jipton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY LOUISE</u>		b. (Middle) <u>SCHRECK</u>	
c. (Last) <u>SCHRECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 9, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Nov. 23, 1956</u>
9. AGE (in years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 2 HRS. Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Eugene Edward Schreck</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Fischer</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene E. Schreck</u>		ADDRESS <u>Jipton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deaortosis Spinal Cord. Congenital</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES <u>Improper embryonal development</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.			
DUE TO (b) <u>—</u>			
DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Meningitis Non-specific</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>7531</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jipton, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>10</u> to <u>9 Dec</u> , 19 <u>56</u> that I last saw the deceased alive on <u>9 Dec</u> , 19 <u>56</u> and that death occurred at <u>9:50 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl D. [Signature]</u>		23b. ADDRESS (Degree or title) <u>1216 W. 8th St. Sedalia, Mo.</u>	
23c. DATE SIGNED <u>12-10-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 10, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrew's Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Jipton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Journa Coors Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn</u>		ADDRESS <u>Jipton, Mo.</u>	

Licensed Embalmer's Statement on Reverse Side

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

No. 300

10.48

51-0

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... *Richard D. Conn*

Licensed Embalmer No. *470*

P. O. Address... *Jupton, 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.