

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9297**

FILED APR 1 - 1957

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY OR TOWN Rural (Bedford) c. LENGTH OF STAY (in this place) 30 Min.		c. CITY OR TOWN Troy MO d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Mem Hosp.		e. STREET ADDRESS (If rural, give location) 0570 8 Miles South West of Troy MO	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) CAROLINE c. (Last) SCHROER			4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		8. DATE OF BIRTH Oct. 12, 1906	
				9. AGE (In years last birthday) 50 Months 5 Days 11 IF UNDER 1 YEAR Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Troy MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frederick Sanker		13b. MOTHER'S MAIDEN NAME Lillie Tabbs		14. NAME OF HUSBAND OR WIFE Herbert Schroer	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Herbert Schroer ADDRESS Troy MO.	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 10 Days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 Wetness, febrile Mar 6th 1957				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
------------------------	--	--	--	--	--	--	--

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)		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 **Mar 6, 1957** to **Mar 23, 1957**, that I last saw the deceased alive on **Mar 23, 1957**, and that death occurred at **10:41 AM**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Cisek M.D. (Deputy or title)		23b. ADDRESS Troy MO		23c. DATE SIGNED 3-18-57	
--	--	-----------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 57		24c. NAME OF CEMETERY OR CREMATORY Wright & City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City MO.	
---	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. March 30-57		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE D. W. McEary ADDRESS Troy MO	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

162
0

VS SEP 2 1959

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.....

D. W. McEvey

Licensed Embalmer No. *3586*

P. O. Address *Irving, Ma.*

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.