

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 13965

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY Hannibal, Mo.
c. LENGTH OF STAY 5 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY Ewing (Rural)
d. STREET ADDRESS R.R. 2 0640

3. NAME OF DECEASED
a. (First) Charles b. (Middle) A. c. (Last) Schieferdecker

4. DATE OF DEATH
(Month) (Day) (Year)
Apr. 10, 1957

5. SEX M

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 3, 1873

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Adams Co., Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Schieferdecker

13b. MOTHER'S MAIDEN NAME Caroline Hawke

14. NAME OF HUSBAND OR WIFE Frances Schieferdecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. E. W. Osborne ADDRESS Tampabay, Ill.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic sclerotic heart disease
(b) Coronary fibrillation
(c) Chronic decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic decompensation
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES 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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1957, to April 10, 1957, that I last saw the deceased alive on April 10, 1957, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. W. Hill M.D. (Degree or title)

23b. ADDRESS Palmyra, Ill.

23c. DATE SIGNED 4/12/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

24b. DATE 4/13/57

24c. NAME OF CEMETERY OR CREMATORY Quincy Memorial Park

24d. LOCATION (City, town, or county) (State) Quincy, Ill.

DATE REC'D BY LOCAL REG. 4-12-57

REGISTRAR'S SIGNATURE Dr. E. M. Decker by J. C. Judd

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Easter-Gerner Philadelphia, Pa.

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

189

RECEIVED APR 18 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1957

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City 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 this body is not embalmed, fact should be so stated above.