

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ATTEST: \_\_\_\_\_

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

18386

FILED JUN 11 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hedgocoe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp. 13 hrs.</u>			Length of stay in lb <u>13 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>111 6th St.</u>
3. NAME OF DECEASED (Type or print) <u>Martha Lee Schrum</u>			4. DATE OF DEATH <u>June 4 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 20 1930</u>	9. AGE (years last birthday) <u>27</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>1</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Mineral Point Mo</u>	
13. FATHER'S NAME <u>Theodore King</u>			14. MOTHER'S MAIDEN NAME <u>Nellie Day</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Theodore King</u> Address <u>Richwoods Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Glomerulonephritis, chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u></u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>592-X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u>	
21. I attended the deceased from <u>July, 1956</u> to <u>June, 1957</u> and last saw <u>her</u> <sup>him</sup> alive on <u>6-4-57</u> Death occurred at <u>9:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>L. S. Patten M.D.</u>			22b. ADDRESS <u>Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>6-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Havine Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. Luther Sparks Peterson</u> ADDRESS <u></u>		25. DATE RECEIVED BY LOCAL REG. <u>June 5, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1981

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 *Murphy L. Sparks*

Licensed Embalmer No. *42*

P. O. Address *Flat R*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.