

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20076

STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia - Columbia Tp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Columbia</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>Boone Co. Rest Home</u> Length of stay in 1b <u>11 Days</u>		d. STREET ADDRESS (If outside, give location) <u>1109 E. Ash St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CATHERINE</u> Middle <u>ADELAIDE</u> Last <u>SCHROER</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>24</u> Year <u>1957</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20, 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Elston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Albert Schroer</u>			14. MOTHER'S MAIDEN NAME <u>Mary Schumaker</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>none</u>	17. INFORMANT <u>John Kaiser St. Thomas, Mo.</u> Address		

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
DUE TO (b) <u>Arterio Sclerosis</u>		
DUE TO (c)		<u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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.)	
20c. TIME OF INJURY Hour <u>11:40 A.</u> Month <u>June</u> Day <u>24</u> Year <u>1957</u> a. m. p. m.		

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.)	20f. CITY, TOWN, OR LOCATION <u>Columbia</u> COUNTY <u>Boone</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>June 10-57</u> to <u>June 24-57</u> and last saw her alive on <u>June 24-57</u> Death occurred at <u>11:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>		
22a. SIGNATURE (Degree or title) <u>F. C. Suggitt M. D.</u>	22b. ADDRESS <u>Columbia</u>	22c. DATE SIGNED <u>6/25/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6/27/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martins, Mo.</u>	23d. LOCATION (City, town, or county) <u>St Martins, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Sylvester Dulle Jefferson City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 26 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

11-0

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 *George J. ...*,
Signature of Licensed Embalmer

Licensed Embalmer No. *44*

P. O. Address *Columbus*

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.