

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010515
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>St. James</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>175 MARION RD Long Nursing Home</u>				e. STREET ADDRESS (If rural, give location) -----					
3. NAME OF DECEASED (Type or Print) <u>ANNA</u>			a. (First) <u>LOUISE</u>		c. (Last) <u>SCHRYVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1958</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>		8. DATE OF BIRTH (In years) (Month) (Day) (Hour) (Min.) <u>July 1, 1881 76</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>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Van R. Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Sam Schryver (Dec'd)</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'S SIGNATURE OR NAME <u>C. L. Grantham</u>			ADDRESS <u>Salem, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured vein in lt. lower extremity 2 wks. & hemorrhage into subcut. tissues</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>481X. 2</u>					
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 <u>2-8-</u> , 1958, to <u>3-19-</u> , 1958, that I last saw the deceased alive on <u>3-18-</u> , 1958, and that death occurred at <u>12:05Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R B Hurd M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>3-19-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 20 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Erie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Erie Kansas</u>			
DATE REC'D BY LOCAL REG <u>3-20-1958</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Warfel Salem, Mo</u>				

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

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Received MAR 24 1958
Laclede County Health Unit
File No. 51
Date Filed MAR 24 1958

APR 9 1958

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 Max L. Warfel
Licensed Embalmer No. 4170
P. O. Address Salem, 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.