

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013130
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 95

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|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain 0043 | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Mexico | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain | | Length of stay in lb 1 day | d. STREET ADDRESS 416 West Jackson | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Peter J. Schroder | | | 4. DATE OF DEATH May 3 1958 | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 30, 1871 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Grain | 11. BIRTHPLACE (City and state or country) Cedar Fall, Iowa 1 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John T. Schroder | | 13b. MOTHER'S MAIDEN NAME Sutton | | 14. NAME OF HUSBAND OR WIFE Rebecca M. Schroder | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <u>dates</u> of service) No | | 16. SOCIAL SECURITY NO. 483-09-6088 | | 17. INFORMANT Address 7 Lakeside St. Mrs. R. H. Nolte Mexico, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis | | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) Arteriosclerotic heart disease | | | | 5 yrs | |
| DUE TO (c) 4200 | | | | | |
| 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE | |
| 21. I attended the deceased from 5-2-58 to 5-3-58 and last saw him alive on May 2, 1958 Death occurred at 3:28 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) M. Kallambach M.D. 0 | | | 22b. ADDRESS Mexico, Mo. | | 22c. DATE SIGNED 5-3-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-4-1958 | 23c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery | | 23d. LOCATION (City, town, or county) (State) Avon, South Dakota |
| 24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo. | | | 25. DATE RECD. BY LOCAL REG. May 3-1958 | 26. REGISTRAR'S SIGNATURE Blanche Neely | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ray Miller*

Licensed Embalmer No. *4497*
P. O. Address *Mexico*

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.