

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000511
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 26

300
1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|-------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | c. CITY OR TOWN Cape Girardeau | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 6 days | | d. STREET ADDRESS (If outside, give location) 215 North Middle St. | |
| 3. NAME OF DECEASED (Type or print) First ALMA Middle E. Last SCHRADER | | 4. DATE OF DEATH January 15, 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 23, 1886 |
| 9. AGE (In years last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, ret. | 11. BIRTHPLACE (City and state or country) U. S. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools Cape Girardeau, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13a. FATHER'S NAME Chris Scharader | | 13b. MOTHER'S MAIDEN NAME Amalia Kurre | 14. NAME OF HUSBAND OR WIFE None |
| 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. 4200 | 17. INFORMANT Mrs. Harry Rodgers Cape Girardeau, Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation. Arteriosclerotic heart disease 15 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis | | | INTERVAL BETWEEN ONSET AND DEATH immediate |
| 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 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 COUNTY STATE |
| 21. I attended the deceased from Jan 18 1954 to Jan 5, 1959 and last saw him alive on Jan 5, 1959 Death occurred at 7:05 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John Crowe md | | 22b. ADDRESS Cape Girardeau Mo | 22c. DATE SIGNED Jan 6, 1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 18, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri |
| 24. FUNERAL DIRECTOR Halther Funeral Home | | 25. DATE RECD. BY LOCAL REG. Jan 24, 1959 | 26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper |

APR 11 1963

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 *Virgil H. Steleh*

Licensed Embalmer No. *412*

P. O. Address *Cape Girardeau*

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.