

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020335

Registration District No. 13 Primary Registration District No. 5062 STATE FILE NUMBER 88
Registrar's No. 88

FILED JUN 19 1959

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Purdy</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Purdy</u> 0050 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/4 mi. West of Purdy</u>		Length of stay in 1b <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>1/4 mi. West of Purdy</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Schad</u> Last <u>Schad</u>			4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1959</u>
5. SEX <u>Male</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>April 16-1904</u>
9. AGE (In years less birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Purdy Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George F. Schad</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hunke</u>
14. NAME OF HUSBAND OR WIFE <u>Freida Schad</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Years or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-40-4484</u>
17. INFORMANT <u>Mrs. Freida Schad</u>		Address <u>Purdy 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>Acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>			<u>6-7 mos.</u>
DUE TO (c) <u>Cardiac enlargement</u>			<u>6-7 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 <u>Nov. 1957</u> to <u>April 1959</u> and last saw ^{her} him alive on <u>April 22, 1959</u> Death occurred at <u>about 10:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Mary Newman M.D.</u> (Degree or title)		22b. ADDRESS <u>Cassville, Mo.</u>	22c. DATE SIGNED <u>5-18-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>May 19-1959</u>	<u>Stones Prairie Cemetery</u>	<u>W. of Purdy Mo.</u>
24. FUNERAL DIRECTOR <u>Bennett-Wormington, Monett Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NO. 659-139
DATE REC. 6-16-59

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 Gordon Bennett

Licensed Embalmer No. 4213
P. O. Address Morett, 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.