

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-014095

FILED MAY 2 1960

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 114 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico Mo</u>		c. CITY OR TOWN <u>New Florence Mo</u>	
Length of stay in 1b <u>6 Days</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>Audrain County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Violet</u> Middle <u>H</u> Last <u>Schroeder</u>			4. DATE OF DEATH Month <u>4</u> Day <u>28</u> Year <u>1960</u>		
5. SEX <u>F</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>9-22-1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Big Spring Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S</u>		13a. FATHER'S NAME <u>Henry E Leavell</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>A C Schroeder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mr A C Schroeder New Florence, Mo</u>		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		
DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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>1:10</u> a.m. <u>p.m.</u> Month, Day, Year	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 4-24-60 to 4-28-60 and last saw her alive on April 28, 1960
Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Mexico, Mo.</u>		22c. DATE SIGNED <u>4-29-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>	23d. LOCATION (City, town, or county) <u>New Florence, MO</u>	
24. FUNERAL DIRECTOR <u>Baker Funeral Home New Florence, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 29-1960</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DB Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.