

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035858

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3066 Registrar's No. 420

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1962

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>Farmington</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>306 Long</b>		d. STREET ADDRESS <b>306 Long</b> (If outside, give location)	
Inside Limits Yes <input checked="" 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 <b>Henrietta</b> Middle <b>L.</b> Last <b>Schramm</b>			4. DATE OF DEATH Month <b>September</b> Day <b>26</b> Year <b>1962</b>			
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/2/1879</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Not employed</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Ste Genevieve Co., Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
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13a. FATHER'S NAME <b>Henry A. Schramm</b>				13b. MOTHER'S MAIDEN NAME <b>Phillipina Herter</b>				14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <del>Not known</del> ) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT <b>Mary Schramm</b> Address <b>Farmington, Mo.</b>			
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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 <b>7 d + 5</b>	
IMMEDIATE CAUSE (a) <b>CORONARY Thrombosis</b>											
DUE TO (b) <b>GENERALIZED Arteriosclerosis</b>											
DUE TO (c) <b>HYPERTENSION</b>										<b>10y 25 +</b>	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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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.)					
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20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year	
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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	
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21. I attended the deceased from JAN 1955 to 9-26-62 and last saw her alive on 9-26-62  
Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Prefer or title) <b>C. E. Conditon M D</b>				22b. ADDRESS <b>Farmington Mo</b>				22c. DATE SIGNED <b>9-28-62</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/29/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Farmington Missouri</b>	
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24. FUNERAL DIRECTOR <b>Miller Funeral Home Farmington, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>Sept. 25, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>		
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(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59  
1 0945  
2 0945  
3  
4 1  
5 0  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 70-0  
13 1-0

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.

*[Faint handwritten text at the bottom of the page]*