

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 758

STATE FILE NUMBER

**FILED 21 65**

**0016865**

VS 300  
Rev. 4/59

1 0945

2 0945

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4 0

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Which residence lived in? If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Farmington</u>		Length of stay in lb <u>59 yrs</u>	c. CITY OR TOWN <u>Farmington</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>407 Carleton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>407 Carleton</u>
3. NAME OF DECEASED (Type or print) <u>HERBERT SCHRAMM</u>		4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1965</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>2/10/1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	9. AGE (last birthday) <u>59</u>
13a. FATHER'S NAME <u>Fred W. Schramm</u>		14. NAME OF HUSBAND OR WIFE <u>Cecelia Giessing Schramm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-09-4169</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>Myocardial Infarction, Suspected</u> 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) <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Farmington, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		17. INFORMANT <u>Mrs C. Cecilia Schramm, Farmington, Mo.</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"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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		STATE	
21. I attended the deceased from <u>4-8-65</u> to <u>4-8-65</u> and last saw him alive on <u>3-30-65</u> Death occurred at <u>7:30</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. W. Chestain MD</u>		22b. ADDRESS <u>Farmington Missouri</u>	
22c. DATE SIGNED <u>4-9-65</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>4/12/65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>		24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Apr. 9, 1965</u>		26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	

USE BLACK INK OR TYPEWRITER RIBBON

*Dr. Chestain*

APR 22 1965

**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 Dergal

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.