MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032859

STATE FILE NUMBER

FILED VS SEP 18 1959

Registration District No. 63 Primary Registration District No. 5593 Registrar's No. 64

IDED

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Near Selma, Mo. Plattin
Length of stay in 1b: ?
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: In Ambulance
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1104 Themis St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Alfred Middle: Leo Last: Schrader

4. DATE OF DEATH: Month: Sept. Day: 4, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/21/90

9. AGE (last birthday): 69

IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick mason (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Anton Schrader

13b. MOTHER'S MAIDEN NAME: Fredericka Renne

14. NAME OF HUSBAND OR WIFE: Edna Earl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WWI

16. SOCIAL SECURITY NO.: 498-01-6750

17. INFORMANT Address: Mrs. Edna Schrader Cape Girardeau, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Myocardial failure.	½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Secondary Shock.	12 hrs
DUE TO (c)	Dissecting Aortic Aneurism	50 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Decompensation

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 3 /59, to Sept 4/59 and last saw him alive on Sept 4/59
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter E. Hutton M.D.

22b. ADDRESS: Jackson Missouri

22c. DATE SIGNED: 9-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/6/59/

23c. NAME OF CEMETERY OR CREMATORY: Forest Hills Memorial

23d. LOCATION (City, town, or county) (State): Morley, Mo.

24. FUNERAL DIRECTOR ADDRESS: C. J. Lorberg Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.: Sept 15-1959

26. REGISTRAR'S SIGNATURE: Marie Farris.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT