

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42425

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4145 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PRairie HOME</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PRairie HOME MO</b>		d. STREET ADDRESS (If rural, give location) <b>PRairie HOME MO 1</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>	a. (First)	b. (Middle)	c. (Last) <b>SCHNUY</b>	4. DATE OF DEATH <b>12-28-1948</b>	(Month) (Day) (Year)
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <b>4-3-1854</b>	9. AGE (In years last birthday) <b>94</b>	IF UNDER 1 YEAR Days <b>8</b> Hours <b>25</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>HENRY SCHNUY</b>	13b. MOTHER'S MAIDEN NAME <b>LOUASI BODAMER</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. B. Patrick</b>	ADDRESS <b>Prarie Home MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		7 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Probable Degenerative Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. DeGraffen</b>	(Design or title)	23b. ADDRESS <b>Prarie Home MO</b>	23c. DATE SIGNED <b>12/29/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-30-1948</b>	24c. NAME OF CEMETERY OR CREMATORY <b>METHODIST CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>JAMESTOWN MO</b>
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DATE REC'D BY LOCAL REG. <b>12-29-48</b>	REGISTRAR'S SIGNATURE <b>A. L. Meredith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. ALBERT HOYNECK</b>	ADDRESS <b>PRairie HOME MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-26-19

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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 .....  
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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 this body is not embalmed, fact should be so stated above.