No. 300
10-48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5283

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 294

551
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt Vernon
c. LENGTH OF STAY (In this place): July 1941
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt Vernon MO 0551
d. STREET ADDRESS (If rural, give location): 605 West Clay

3. NAME OF DECEASED (Type or Print)
a. (First): Kathryn
b. (Middle): Schnerl
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Feby 19 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 4-1879
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 13 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): Storm Lake Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter Schnerl
13b. MOTHER'S MAIDEN NAME: Mary K. Hardy
14. NAME OF HUSBAND OR WIFE: Frank E. Wilson (Frank E.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Eddie Neimeyer
ADDRESS: Mt Vernon MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary sclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4 Ad

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* Feb 19, 1950, *that I last saw the deceased alive on* Feb 19, 1950, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur J. Graves M.D.
23b. ADDRESS: Mt Vernon, MO
23c. DATE SIGNED: 2/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feby 21-50
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Near Mt Vernon MO

DATE REC'D BY LOCAL REG.: Feb 22-'50
REGISTRAR'S SIGNATURE: Cecil Hendricks 411
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. B. Orr
ADDRESS: Mt Vernon MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 28 1950
District Health Office No. 6,
District File Number 250-225
Date Filed 2-28-50

MAY 18 1950

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 George L. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon, 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.