

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29518

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1037

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0119</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL <u>Oridle Hour Nursing Home</u> INSTITUTION <u>218 So. 10th, St.</u>		d. STREET ADDRESS (If rural, give location) <u>722 Main, Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WILLIAM c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1950		
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5. SEX Male <u>1</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>2</u>	8. DATE OF BIRTH 6-17-1885	9. AGE (In years last birthday) 65	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 12 Mths. Hours	F UNDER 12 Mths. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME <u>George W. Schneider</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Schreiber</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Schneider</u>
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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>499-18-4823</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Richter - St. Joseph, Missouri</u>	ADDRESS <u>St. Joseph, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>Unknown</u>  <u>331X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) <u>XXXXXXXX</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXX</u>			

19a. DATE OF OPERATION <u>XXXXXXXXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXXXXXXXXXX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXXXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXX</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>
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22. I hereby certify that I attended the deceased from August 23, 1950, to Sept. 6th, 1950, that I last saw the deceased alive on Sept. 5th, 1950, and that death occurred at 6:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence C. Schuman M.D.</u>	(Degree or title)	23b. ADDRESS <u>Schneider Bldg., St. Joseph, Missouri</u>	23c. DATE SIGNED <u>9-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1)</u>	24b. DATE <u>Sept. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	382	25. FEDERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>	ADDRESS <u>St. Joseph, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1174

**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

*Charles M. Harmon*

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.