

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1950

State File No. **33146**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **156**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Franklin.</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington.</b> c. LENGTH OF STAY (In this place) <b>12 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>436 Elm St.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>Franklin.</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington.</b> <b>1362</b> d. STREET ADDRESS (If rural, give location) <b>436 Elm St.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>HENRY</b> (First) <b>H</b> (Middle) <b>SCHNEER</b> (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 7th, 1950.</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 8th, 1883.</b>
<b>9. AGE</b> (In years last birthday) <b>67</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>laborer.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>X</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>U</b> <b>New Haven, Mo. R.F.D.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Henry J. Scheer.</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown.</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>X</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>		<b>16. SOCIAL SECURITY NO.</b> <b>495-14-4029</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Emil Scheer</b> <b>ADDRESS</b> <b>New Haven, Mo.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Phlebotosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>          <b>4:30</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION.</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>NAT.</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Washington</b>	<b>21c. COUNTY</b> <b>Franklin</b> (STATE) <b>Mo</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 P. m.</b>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Pho. P. Shaffer</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Coronator's Office</b>	<b>23c. DATE SIGNED</b> <b>11/7/50</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 8th, 1950.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Washington, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>Nov. 8, 1950</b>	<b>REGISTRAR'S SIGNATURE</b> _____	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <b>Pieburg Witt, Inc.</b>	<b>ADDRESS</b> <b>Washington, Mo.</b>

(Licensed Embelmer's Statement on Reverse Side)

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 13 1950

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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

*Jerome F. Lueboda*

Licensed Embalmer No. 4507

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

.If this body is not embalmed, fact should be so stated above.