U.S. No. 300
Rev. 10-48

FILED SEP 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26695

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 143

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

1. PLACE OF DEATH
a. COUNTY: HENRY 0422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
c. LENGTH OF STAY (in this place): 11-HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLINTON GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON- RURAL. 0420
d. STREET ADDRESS (If rural, give location): DAVIS TWP. 0

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) BENJAMIN c. (Last) SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 7 1951

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: NOV. 24 1885
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Own. Farm
11. BIRTHPLACE (State or foreign country): HENRY Co. MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACOB
13b. MOTHER'S MAIDEN NAME: CAROLINE KOEHLER
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Louis Schneider, Clinton Mo. — ADDRESS

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) Acute hemorrhage Ulcer duodenum — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Ulcer duodenum — 10 years.
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5410
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* Aug 25, 1951, *to* Sept 7, 1951, *that I last saw the deceased alive on* Sept 7, 1951, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. S. Hallingsworth M.D.
23b. ADDRESS: Clinton Missouri
23c. DATE SIGNED: 9/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: Englewood Cem.
24d. LOCATION (City, town, or county) (State): Clinton, Mo

DATE REC'D BY LOCAL REG.: Sept 8, 51
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. L. Vansant, Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-10-51.
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-10-51

NOV 28 1955

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 H. L. Vaussant
Licensed Embalmer No. 3779
P. O. Address Clinton 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.