

FILED AUG 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27521

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 42267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odesa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odesa	
c. LENGTH OF STAY (in days) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Fred	a. (First)	b. (Middle) M.	c. (Last) Schnieder	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1876	9. AGE (In years by birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done in department of work, if so illustrated) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Schnieder	13b. MOTHER'S MAIDEN NAME Lassetta Brueggenjohn	14. NAME OF HUSBAND OR WIFE Carrie Schnieder
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Schnieder	ADDRESS Odesa, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo Arthritis		Approx 8 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 10, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. F. Slaughter	(Degree or title) Do	23b. ADDRESS Odesa Mo	23c. DATE SIGNED 8-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery	24d. LOCATION (City, town, or county) (State) Buckner, Mo.
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DATE REC'D BY LOCAL REG. 8-27-51	REGISTRAR'S SIGNATURE Emma Davidson	4530	25. FUNERAL DIRECTOR'S SIGNATURE Husman Sparks	ADDRESS Odesa, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0540

RECEIVED 8-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-30-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George D. Husman

Licensed Embalmer No. 7544

P. O. Address Obregon 710

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.