

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34753

State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY OR TOWN <u>Appleton City</u>	c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY OR TOWN <u>Appleton City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>18930</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Schnehl</u> c. (Last) <u>Schnehl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17-1874</u>	9. AGE (In years last birthday) <u>76 yrs.</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Koopman</u>	13b. MOTHER'S MAIDEN NAME <u>Hubmann</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. C. Schnehl</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George C. Schnehl</u> ADDRESS <u>Appleton City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensating heart disease</u>		
	DUE TO (c) <u>Chronic Hypertension</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>7230</u> (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June, 1951, to 10-9, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Hanson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Appleton City, Mo.</u>	23c. DATE SIGNED <u>10-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 10, 1951.</u>	REGISTRAR'S SIGNATURE <u>Chas. Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Osborn Eckhoff, Appleton City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930

RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 16 1951

JAN 20 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Olson Eckhoff

Licensed Embalmer No. 3942

P. O. Address Agatha city, 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.