

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27674**

FILED AUG 26 1952

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

BIRTH NO. _____		REG. DIST. NO. 11E		PRIMARY REG. DIST. NO. 3020		Registrar's No. 122			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Sterling		370			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) George Schneider			a. (First) George b. (Middle) Schneider c. (Last) Schneider			4. DATE OF DEATH Aug. 12, 1952			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 24, 1882			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____		IF UNDER 1 MIN. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stone mason			10b. KIND OF BUSINESS OR INDUSTRY masonry			11. BIRTHPLACE (City and State or Foreign Country) near Mt. Sterling, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Frank Schneider		13b. MOTHER'S MAIDEN NAME Emma Kramer		14. NAME OF HUSBAND OR WIFE Dora Kixmuller		
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 Mrs. Dora Schneider ADDRESS Mt. Sterling			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Repair of incarcerated hernia DUE TO (c) 5670 II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralytic ileus				INTERVAL BETWEEN ONSET AND DEATH 3 days 6 days	
19a. DATE OF OPERATION 8/6/1952		19b. MAJOR FINDINGS OF OPERATION Large incarcerated right inguinal hernia				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) (COUNTY) (STATE)					
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? _____					
22. I hereby certify that I attended the deceased from Aug 7, 1952 to Aug 12, 1952 , that I last saw the deceased alive on Aug 12, 1952 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 8/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-15-1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.			
DATE REC'D BY LOCAL REG. 8/15/52		REGISTRAR'S SIGNATURE F. P. Hedman		25. FUNERAL DIRECTOR'S SIGNATURE W. H. White ADDRESS OWENSVILLE					

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melford H. N. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.