

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8894

State File No.

FILED APR 6 1953

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 388
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph		c. LENGTH OF STAY (In this place) 1 mon.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Monroe Township 0030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) R# 1. Cosby, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Russell		b. (Middle) A.	c. (Last) Schindler	
4. DATE OF DEATH (Month) (Day) (Year) March 25, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH February 5, 1879	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henry F. Schindler		13b. MOTHER'S MAIDEN NAME Katherine (Unknown)		14. NAME OF HUSBAND OR WIFE None
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 ADDRESS Elmer H. Schindler St. Joseph, Mo.
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) <i>Megacolon</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer of bowel.</i> DUE TO (c) <i>Excision of part of colon</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 wks ? 2 wks
19a. DATE OF OPERATION 3-4-53		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Colon</i>		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 <i>Feb 27</i> , 1953, to <i>Mar 25</i> , 1953, that I last saw the deceased alive on <i>Mar 24</i> , 1953, and that death occurred at <i>12:45</i> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Rene Jung</i>		23b. ADDRESS <i>St Joseph Mo</i>		23c. DATE SIGNED <i>3-26-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar. 27, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>St. Joseph, Missouri.</i>				
DATE REC'D BY LOCAL REG. <i>April 2, 1953</i>		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Meierhoffer & Lemmon, Inc.</i> <i>St. Joseph, Mo.</i>

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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

Raymond W. Marchessault

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.