

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10075**
1218

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Concordia	
c. LENGTH OF STAY (in this place) 4 months		d. STREET ADDRESS (If rural, give location) X IX	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GILBERT b. (Middle) _____ c. (Last) SCHNAKENBERG			4. DATE OF DEATH (Month) (Day) (Year) February 27 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH September 24 1920	9. AGE (in years last birthday) 32	IF UNDER 1 YEAR Month(s) _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (State or foreign country) Concordia Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Herman Schnakenberg		13b. MOTHER'S MAIDEN NAME Matha Wertha		14. NAME OF HUSBAND OR WIFE None	
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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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Arnold Schnakenberg		ADDRESS 7320 Paseo 26th Mo	
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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) Malignant Teratoma of mediastinum				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		B. OTHER SIGNIFICANT CONDITIONS C. Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____					

19a. DATE OF OPERATION 1-29-52		19b. MAJOR FINDINGS OF OPERATION Malignant mediastinal teratoma				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. 17, 1951**, to **Feb. 27, 1953**, that I last saw the deceased alive on **Feb. 20, 1953**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Smith (Degree or Title) MD			23b. ADDRESS 830 Argyle Bldg., K.C. 6 Mo		23c. DATE SIGNED 2/27/53	
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24a. BURIAL CREMATION (Specify) Burial		24b. DATE March 1 1953		24c. NAME OF CEMETERY OR CREMATORY St Pauls Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Concordia Missouri	
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DATE REC'D BY LOCAL REG. 2-27-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE James Funeral Home		ADDRESS Concordia Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1950

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 Chas. C. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 2644

P. O. Address H.E. 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.