

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25855**

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>231</u>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. LENGTH OF STAY (In this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		OR TOWN <b>0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>118½ South Osage</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>			b. (Middle) <b>ROBERT</b>		c. (Last) <b>SCHNEIDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>	8. DATE OF BIRTH <b>Nov. 7, 1876</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel Schneider</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lutjin</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Atchisons Schneider</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Minnie Feedback, Sedalia, Mo. Route 2,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>				DU TO (b) <b>Arterio-sclerosis with hypertension</b>			<b>1 wk.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			<b>3 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Hypertrophied Prostate</b>			<b>20 yrs.</b>
				<b>Secondary Anemia</b>			<b>1 yr.</b>
							<b>6 mo.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>6/10 x B</b>				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) (Min.)		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 <b>4-5-53, 19</b> , to <b>7-15-53, 19</b> , that I last saw the deceased alive on <b>7-15-53, 19</b> and that death occurred at <b>6:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thomas B. Long M.D.</b>				23b. ADDRESS <b>Sedalia, Mo.</b>		23c. DATE SIGNED <b>7-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/18/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural Pettis County, MO</b>		
DATE REC'D BY LOCAL REG. <b>7/18/53</b>		REGISTRAR'S SIGNATURE <b>R.G. Campbell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter C. Caring</b>		ADDRESS <b>Sedalia, Mo.</b>	

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

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.....

*R. E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address.....

*Sedalia*

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.