

FILED NOV 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38082

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4529 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Metz Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Metz Twp.</b>	
c. LENGTH OF STAY (in this place) <b>73 yrs</b>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME N. West Of Nevada, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>N. West of Nevada, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b>		b. (Middle) _____		c. (Last) <b>Schneider</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-29-53</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>11/21/1879</b>	
9. AGE (In years last birthday) <b>73</b>		10. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Vernon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Vernon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jacob Schneider</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Wonderl</b>		14. NAME OF HUSBAND OR WIFE <b>Orpha Schneider</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Orpha Schneider, Horton, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Orpha Schneider, Horton, Mo.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about one y.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Don't Know</b>			
		DUE TO (c) <b>✓</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Auto accident about 8 or 9 mo ago, fractured leg - plated - didn't heal properly.</b>		exact date <b>Sept 25/52</b>	

19a. DATE OF OPERATION <b>Don't know</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture left tibia - plated.</b>		20. AUTOPSY? <b>NO</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway 71 - Nevada, Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 25 1952 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Walked into moving car. on highway</b>	

22. I hereby certify that I attended the deceased from **Aug 1, 1953, to Oct 29, 1953**, that I last saw the deceased alive on **Sept 19, 1953**, and that death occurred at **5 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Love MD</b>		23b. ADDRESS <b>Nevada Mo</b>		23c. DATE SIGNED <b>Oct 30/53</b>	
----------------------------------	--	-------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/31/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Balltown</b>		24d. LOCATION (City, town, or county) (State) <b>Horton, Mo.</b>	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>11-2-53</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Eichinger Funeral Home, Nevada, Mo.</b>		ADDRESS	
---	--	--	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

1080

**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 \_\_\_\_\_

*Darcy F. Milster*

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.