

No. 200
10-48
440

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11112

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give RURAL and give town or TOWN Rural <u>Scot</u> <u>Prairie</u> Twp)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN RFD #4 Mexico-
d. FULL NAME OF HOSPITAL OR INSTITUTION In Ambulance on Route North of Mexico, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Rural Prairie Twp. 0040		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Gustav	b. (Middle) Ferdinand	c. (Last) Schneider	4. DATE OF DEATH (Month) (Day) (Year) May 2, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY crops	11. BIRTHPLACE (City and State or Foreign Country) Madison Co., Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter J. Schneider	13b. MOTHER'S MAIDEN NAME Louisia Meir	14. NAME OF HUSBAND OR WIFE ERMA W. SCHNEIDER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME MRS. E.F. SCHNEIDER RFD #4 Mexico	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 12 hours years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic cerebrovascular		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 351 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 3, 1954 to May 2, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE H.D. Larkford	(Degree or title) M.D.	23b. ADDRESS Waverly Twp	23c. DATE SIGNED 5-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-54	24c. NAME OF CEMETERY OR CREMATORY Bethel Presb. Cemetery	24d. LOCATION (City, town, or county) (State) Audrain Co., Mo.
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DATE REC'D BY LOCAL REG. May 4, 1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME	ADDRESS Mexico Mo
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(Licensed Emballer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Richard Y M Don*.....

Licensed Embalmer No. *482*

P. O. Address *Miami*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.