

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

20959

State File No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5005</u>		Registrar's No. <u>197</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0013</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> <u>0013</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pettis Twp</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Loughlin Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Kirkville Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Schneider</u> c. (Last) <u>Schneider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>7</u> - <u>1955</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May - 5 - 1882</u>		
9. AGE (in years last birthday) <u>73</u>		MONTHS <u>2</u>		DAYS <u>2</u>		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Schneider</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brubaker</u> ADDRESS <u>Arkansas city Kansas</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 <u>June 27</u> , 1955, to <u>July 7</u> , 1955, that I last saw the deceased alive on <u>July 7</u> , 1955, and that death occurred at <u>8:20 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. E. Rhodes D.O.</u>				23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>7-7-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laplata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laplata Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-15-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Christie</u> ADDRESS <u>Laplata Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *D. S. Christie* .....

Licensed Embalmer No. 11.....

P. O. Address *La Plata* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.