

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 15 1955

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cape</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u> <u>0150</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>Naomi</u>		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 - 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 16 - 1904</u>			
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shenandoah Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Voice - School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shenandoah Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm Mc Mahill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Island Lewis Schneider</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.P. Schneider as above</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>				DUPLICATE					
ANTECEDENT CAUSES <u>old and new myocardial infarction</u>				DUPLICATE					
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>mural thrombosis</u>				DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				DUPLICATE					
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) <u>Camdenton, Missouri</u>					
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>August 8, 1955</u> , to <u>August 11, 1955</u> , that I last saw the deceased alive on <u>August 8, 1955</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. Dale Atterbury M.D.</u>				23b. ADDRESS <u>Camdenton, Missouri</u>		23c. DATE SIGNED <u>Aug. 12, 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 13 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Shenandoah Iowa</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 12 - 1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>42</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banksay - Woolery Camdenton Mo</u>					
(Licensed Embalmer's Statement on Form No. 54) <u>Shenandoah Iowa</u>									

DEC 12 1955

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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.