

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30103**

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Bedford Twp.</b>	c. LENGTH OF STAY (If this place) <b>8 Hrs</b>	c. CITY OR TOWN <b>Troy</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Co. Memorial Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>RFD #2</b> <span style="float: right;"><b>570</b></span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harry</b>	b. (Middle) <b>Harrison</b>	c. (Last) <b>Schaner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 17, 1955</b>
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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>May 31, 1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tool &amp; Die</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Vinton, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Schaner</b>	13b. MOTHER'S MAIDEN NAME <b>Letitia Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie A. Schaner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give way or dates of service) <b>1916 ? Navy</b>	16. SOCIAL SECURITY NO. <b>94-10-9608A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Hattie A. Schaner</b>	ADDRESS <b>Troy, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.  -X	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>arterio sclerosis</b>		
	DUE TO (c) <b>334X</b>		
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	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **Sept 15, 1955** to **Sept 17, 1955**, that I last saw the deceased alive on **Sept 17, 1955**, and that death occurred at **5:40A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Troy, Mo</b>	23c. DATE SIGNED <b>9-19-55</b>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>9/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Asbury Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln Co. Missouri</b>
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DATE REC'D BY LOCAL REG <b>9-24-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Kemper Funeral Home Troy, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48  
10  
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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 embalmed  
by me, ~~or~~ by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joseph J. Marsh*  
Licensed Embalmer No...3932

P. O. Address Troy, Missou

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.