

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41373**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4320** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra		c. LENGTH OF STAY (in this place) 50Yrs.	c. CITY OR TOWN Palmyra
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 605 N. Main	

3. NAME OF DECEASED (Type or Print) a. (First) ADELIA b. (Middle) BAKER c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 17 1871	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Palmyra Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Baker	13b. MOTHER'S MAIDEN NAME Elizabeth Dice	14. NAME OF HUSBAND OR WIFE E.F. Schneider
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Josephine Hutcherson ADDRESS Palmyra Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF ANTECEDENT CAUSES		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF ANTECEDENT CAUSES		
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF ANTECEDENT CAUSES		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 1954 to 1955, that I last saw the deceased alive on 15 Dec, 1955, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wyneth Hamlin M.D. (Degree or title)	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 12/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/21/1955	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	24d. LOCATION (City, town, or county) (State) Palmyra Mo.
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DATE REC'D BY LOCAL REG. 12/25/55	REGISTRAR'S SIGNATURE By: Viola Bee, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Shuger ADDRESS Palmyra Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 13 1956
MARION CO. HEALTH DEPT.
DATE FILED JAN 13 1956

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... *Dean W. Huff*

Licensed Embalmer No. 491

P. O. Address Palmyra Mo

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.