

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1956

State File No. **39034**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5955** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY OR TOWN Rural Salt River	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN FRANKFORD	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 R.R. #2, Frankford		STREET ADDRESS (If rural, give location) Rural Route #2 Salt River	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) SCHINDLER c. (Last) SCHINDLER	4. DATE OF DEATH (Month) (Day) (Year) SEPT 16 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 10 1892	9. AGE (In years last birthday) 64	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK SCHINDLER	13b. MOTHER'S MAIDEN NAME CHRISTINA BUEHLER	14. NAME OF HUSBAND OR WIFE ELVIRA SCHINDLER
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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. 489-42-2093	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elvira Schindler ADDRESS New London, Mo. R.R. 2
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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) Longstanding Heart Failure ANTECEDENT CAUSES Pulmonary Carcinoma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH
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 163x	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)
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?

22. I hereby certify that I attended the deceased from **June**, 19**56** to **Sept**, 19**56** that I last saw the deceased alive on **Sept 16, 1956** and that death occurred at **12:00 PM** from the causes and on the date stated above.

23a. SIGNATURE E. P. Hansen (Degree or title) Dr	23b. ADDRESS Frankford Mo	23c. DATE SIGNED 9/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 18, 56	24c. NAME OF CEMETERY OR CREMATORY SCHINDLER CEMETERY	24d. LOCATION (City, town, or county) (State) RURAL - RALLS Co Mo.
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DATE REC'D BY LOCAL REG. Nov 10, 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Fred M. Rowan ADDRESS Frankford Mo.
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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.....
Lawrence M. Mason

Licensed Embalmer No.....
709

P. O. Address.....
Franklin

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.