

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40846

State File No.

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. death) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u>		c. CITY OR TOWN <u>Bosworth</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>B.</u> c. (Last) <u>SCHNAPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22 1956</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 17, 1886</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>	
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>J. O. Schnapp</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie M. Knabb</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Schnapp</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-28-3659</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. B. Schnapp, Bosworth Mo.</u> ADDRESS	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Coronary insufficiency</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Myocardial insufficiency</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>within</u> <u>within</u> <u>within</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 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 Dec 4, 1956, to Dec 22, 1956, that I last saw the deceased alive on Dec 21, 1956, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clyde B. Caldwell</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>12-22-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 24, 56</u>		REGISTRAR'S SIGNATURE <u>Rearl Koch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley Libson</u> ADDRESS <u>Carrollton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

47

MS JAN 13 1960

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.