

No. 300
10. 48

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31237**
Registrar's No. **305**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MILLER 18661	
b. CITY OR TOWN JEFFERSON City c. LENGTH OF STAY (If this place) 6 da.		c. CITY OR TOWN Eldon 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 St. Mary's Hospt.		e. STREET ADDRESS (If rural, give location) 311 W. 7th St.	

3. NAME OF DECEASED (Type or Print) a. (First) HORTENSE b. (Middle) - c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18 1957		
---	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 31, 1895	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Miller Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ALAN V. SIMPSON		13b. MOTHER'S MAIDEN NAME NANCY RUSSELL		14. NAME OF HUSBAND OR WIFE Louis J. SCHNEIDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Not Available		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Simpson Sr. Eldon, Mo.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calcarius vesum nitens		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. systemic arteriosclerosis hypertension cardiovascular years		
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)
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?

22. I hereby certify that I attended the deceased from **Jan 1904**, to **Sept 18, 1957**, that I last saw the deceased alive on **Sept 16, 1957**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Reas A. Daylan M.D.	23b. ADDRESS Jefferson City - 9-2017	23c. DATE SIGNED 9-20-57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Eldon
24d. LOCATION (City, town, or county) (State) Eldon, Mo.		

DATE REC'D BY LOCAL REG. 20 Sept 1957	REGISTRAR'S SIGNATURE R. P. Norris, MA - MR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis J. Schneider
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

OR 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 *Louis D. Phillips*.....

Licensed Embalmer No. *3660*

P. O. Address *Bedford*

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.