

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

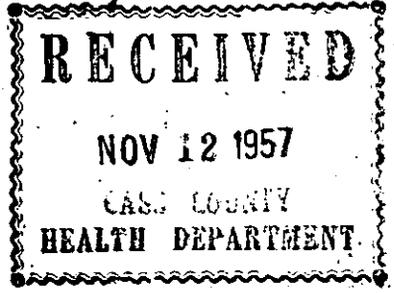
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State File No.

FILED NOV 15 1957

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5219</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Camp branch</u>		c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		c. CITY OR TOWN <u>East Lynne</u>		d. Is Residence within limits of a city or incorporated town? <u>No</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D. Dale Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Camp branch Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>S.</u> c. (Last) <u>Schindorff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1957</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Mar. 3 - 1874</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Schindorff</u>			13b. MOTHER'S MAIDEN NAME <u>Cornelia Deal</u>			14. NAME OF HUSBAND OR WIFE <u>Flova G. Rouse</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Dale Pleasant Hill</u>			
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* (a) <u>Acute nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) <u>Diabetes</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 yrs</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		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 <u>4-16-</u> , 1957, to <u>10-31-</u> , 1957, that I last saw the deceased alive on <u>10-31</u> , 1957, and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Keene MD</u> (Degree or title) <input type="checkbox"/>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>11-2-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1, 1957</u>		REGISTRAR'S SIGNATURE <u>Nora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. D. Nantzler East Lynne, Mo.</u>			

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.....
A. D. Wenzler

Licensed Embalmer No. *2717*

P. O. Address *East Lyme*

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.