

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41047

State File No.

FILED NOV 18 1957

33

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bedford Twp.</u>			c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY OR TOWN <u>Troy</u>		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 <u>Farm Residence</u>				e. STREET ADDRESS (If rural, give location) <u>No Street Address</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>			b. (Middle) <u>Christiana</u>		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 29, 1872</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Karl C. Sievert</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Stock</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Schneider</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>Amanda Wiemann Troy, Missouri.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<u>CEREBRAL THROMBOSIS</u>				<u>2 HRS</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				<u>ARTERIOSCLEROSIS</u>				<u>IND.</u>
DUE TO (c) _____				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 <u>332X</u>				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) 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 <u>10-15, 1955</u> , to <u>11-11, 1957</u> , that I last saw the deceased alive on <u>11-5, 1957</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Louis P. Hettler MD</u>				23b. ADDRESS <u>370 E. Wood, Troy, Mo</u>		23c. DATE SIGNED <u>11/12</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/15/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>E & R Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 15 1957</u> <u>Hell-S. Schoenher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper-Marsh Funeral Home Troy, Mo.</u>		ADDRESS				

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

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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, AKBY....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh.....
Licensed Embalmer No.. 3932.....

P. O. Address Troy, Missouri.....

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.