

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013511  
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 57 Primary Registration District No. 5163 Registrar's No. 258

300  
1-57  
60

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 0160 a. STATE <b>Missouri</b> b. COUNTY <b>Cape G</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson Mo R I</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Jackson Mo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson Mo R I</b>		d. STREET ADDRESS (If outside, give location) <b>R F D I</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Gustav Schnieder</b>		4. DATE OF DEATH Month Day Year <b>April 3 1958</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 2 1886</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Pocohontas Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13. FATHER'S NAME <b>Emil Schnieder</b>	
13b. MOTHER'S MAIDEN NAME <b>Theresia Meyr</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Meyr</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-42-6533</b>	
17. INFORMANT <b>Albert Schneider</b>		Address <b>Jackson Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b> <b>1 1/2 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct 26 1956</b> to <b>April 3rd 58</b> and last saw him alive on <b>April 3rd 1958</b> Death occurred at <b>Apr 8:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Theodore Fischer M. A. C.</b>		22b. ADDRESS <b>Attenburg Mo</b>	
22c. DATE SIGNED <b>4/5/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Apr 6 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Wells</b>	
23d. LOCATION (City, town, or county) <b>New Wells Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>M &amp; Combs Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>April 12 1958</b>	
ADDRESS <b>Jackson Mo</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Homer E. Cooper</b>	

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

.....

.....

.....

.....

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 *B.A. Meyer* .....

Licensed Embalmer No. *3057* .....

P. O. Address *Jackson* .....

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.