

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035988

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> 0362
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1121 E. Eighth St.</u>		Length of stay in 1b <u>79 yrs.</u>	d. STREET ADDRESS (If outside give location) <u>1121 E. Eighth St.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY F. SCHNEIDER</u>			DATE OF DEATH Month Day Year <u>Oct. 29, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 12, 1878</u>		
10a. USUAL OCCUPATION (Give kind of work done during at least 1 year of life, if retired) <u>Sheet Metal Worker metal shop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Schneider</u>	13b. MOTHER'S MARRIED NAME <u>Wilhelmina Sickingmann</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Schneider</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if known) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-22-3404</u>	17. INFORMANT Address <u>Mrs. Henry J. Michka, Washington Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocarditis</u>	
	DUE TO (c) <u>4222</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <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 <u>Sept 1958</u> to <u>Oct 29, 58</u> and last saw her alive on <u>Oct 29/58</u> Death occurred at <u>9:50 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>J. E. Faust M.D.</u>	22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>10/31/58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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24. FUNERAL DIRECTOR <u>Nieberg & Witt, Inc. Washington, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11/1/58</u>	26. REGISTRAR'S SIGNATURE <u>J. E. Faust</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lester A. Zell*

Licensed Embalmer No. *3254*
P. O. Address *Washington, Va*

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.