Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037211
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: VERSAILLES — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: KIDWELL NURSING HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Miller
c. CITY OR TOWN: ELDON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: 066 / 0 (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Louis Middle: John Last: Schneider

4. DATE OF DEATH Month: OCT. Day: 26 Year: 1958

5. SEX: MALE 0

6. COLOR OR RACE: CAUCASIAN

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: JAN. 28 1879

9. AGE (In years last birthday): 79 — 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): RAIL ROAD

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MEXICO, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: EDWARD SCHNEIDER

13b. MOTHER'S MAIDEN NAME: KATE NAGORA

14. NAME OF HUSBAND OR WIFE: HORTENSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Wm Roberts Eldon, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Indefinite
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Failure / Pulmonary Edema / Lower
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old Cerebral Accident

19. WAS AUTOPSY PERFORMED? 2 YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 October 26, 1958 to October 26, 1958 and last saw ~~her~~ him alive on October 26, 1958
Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Kaufman, M.D. 0

22b. ADDRESS: Versailles, Mo.

22c. DATE SIGNED: Oct. 27, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 27, 1958

23c. NAME OF CEMETERY OR CREMATORY: ELDON CEMETERY

23d. LOCATION (City, town, or county) (State): ELDON MISSOURI

24. FUNERAL DIRECTOR: Louis B. Phillips — **ADDRESS:** Eldon

25. DATE RECD. BY LOCAL REG.: 10-28-58

26. REGISTRAR'S SIGNATURE: J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

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

14 6

JAN 19 1959

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. 3669

P. O. Address Eclair

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.