Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040575
STATE FILE NUMBER

NOV 18 1958 Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): FREEDOM — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8 Mi S+W. of Concordia Mo — Length of stay in 1b: 30 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: LAFAYETTE
c. CITY OR TOWN: Concordia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8 Mi S+W. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First PEARL Middle SUSAN Last SCHNAKENBERG
4. DATE OF DEATH: Month NOV Day 9 Year 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MAY 29, 1891
9. AGE (In years last birthday): 67 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): LAFAYETTE COUNTY, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JACOB L. GREEN
13b. MOTHER'S MAIDEN NAME: EMILY F. BLACKWELDER
14. NAME OF HUSBAND OR WIFE: MARTIN SCHNAKENBERG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: MARTIN SCHNAKENBERG — Address: CONCORDIA, MO

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): Suicide by Hanging
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W E Martin MD Coroner
22b. ADDRESS: Odessa Mo
22c. DATE SIGNED: 11-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV 11. 1958
23c. NAME OF CEMETERY OR CREMATORY: Lion Hill
23d. LOCATION (City, town, or county): CONCORDIA. (State): MO

24. FUNERAL DIRECTOR: E. S. James — ADDRESS: Concordia, Mo
25. DATE RECD. BY LOCAL REG.: NOV. 12. 1958
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 me, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, M

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.