ept. Health,
c., & Welfare
J. S. Public
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V. S. 300
Rev. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS JUL 20 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

=60-027488
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Lafayette	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Odessa — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 90 — Length of stay in Ib 24 Yrs.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Roy; Middle: ; Last: Schnetzler					4. DATE OF DEATH Month Day Year: July 15, 1960			
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 7, 1898	9. AGE (In years at last birthday): 62	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): Motor Car dealer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): Salisbury, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME: Julius Schnetzler	13b. MOTHER'S MAIDEN NAME: Emma Keller		14. NAME OF HUSBAND OR WIFE: Helen Schnetzler					
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.: 496-03-0509	17. INFORMANT: Mrs. Helen Schnetzler,	Address: Odessa, 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) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 30 45 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 527.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 on July 15-60, to till death and last saw her/him alive on 7-19-60

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Martin MD (Degree or title) 0

22b. ADDRESS Odessa Mo

22c. DATE SIGNED 7-17-60

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

23b. DATE: July 18, 1960

23c. NAME OF CEMETERY OR CREMATORY: Odessa Cemetery

23d. LOCATION (City, town, or county) (State): Odessa, Mo.

24. FUNERAL DIRECTOR: Husman-Sparks, ADDRESS: Odessa, Mo.

25. DATE RECD. BY LOCAL REG.: 7/18/1960

26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

.0

AUG 23 1960

AUG 30 1960

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 [signature]

Licensed Embalmer No. 754

P. O. Address Odessa, Mo

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.