

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041426

FILED VS. NOV. 21 1960

77

3016

388

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY COLE		a. STATE MISSOURI	b. COUNTY COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.	Length of stay in 1b	c. CITY OR TOWN JEFFERSON CITY, MO.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 3	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
CLEM HENRY SCHNIEDERS				NOV. 17, 1960			

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/2/85	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 0 Days 15	IF UNDER 24 HR Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Taos, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Herman Schnieders	13b. MOTHER'S MAIDEN NAME Catherine Sandt	14. NAME OF HUSBAND OR WIFE Caroline Henke
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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.	17. INFORMANT Mrs. Caroline Schnieders J C Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH 6 mos
IMMEDIATE CAUSE (a) Carcinoma retroperitoneal (pulmonary embolus)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 _____
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21. I attended the deceased from **11-1-60** to **11-17-60** and last saw her alive on **11-17-60**
Death occurred at **6 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sweet D. Sugawaku, M.D.	22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 11/19/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/21/60	23c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier	23d. LOCATION (City, town, or county) Taos, Mo.
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24. FUNERAL DIRECTOR Robert Ruelle	ADDRESS J.C. Mo	25. DATE RECD. BY LOCAL REG. 18 November 1960	26. REGISTRAR'S SIGNATURE R.P. Norris M.D. - R. Ruel
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sylvester Dulle

Licensed Embalmer No.

4321

P. O. Address

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.