MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031808
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 321

FILED SEP 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0648
2 0648-
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4 0
5 1
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11 064
12 1-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in lb lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3115 St. Mary's Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EARL Middle JUNIOR Last SCHNITZLEIN

4. DATE OF DEATH Month September Day 10, Year 1962

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/26/1898
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) refrigeration man
10b. KIND OF BUSINESS OR INDUSTRY ice cream company
11. BIRTHPLACE (City and state or country) Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME George W. Schnitzlein
13b. MOTHER'S MAIDEN NAME Elizabeth Valbracht
14. NAME OF HUSBAND OR WIFE Anna Marie Schnitzlein

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 Hannibal, Mo. Anna M. Schnitzlein, 3115 St. Mary's

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) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH 2 hour
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) Fractured Skull
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Small truck he was driving was struck
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. 11 Month, Day, Year 9 9 62 from behind by car tryng to pass, ran off road
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 1:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry S. Sweets JMD Coroner
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 9/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Sept. 12, 1962
23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park
23d. LOCATION (City, town, or county) (State) Hannibal, Missouri

24. FUNERAL DIRECTOR Jack Schwartz — ADDRESS Hannibal, Mo
25. DATE RECD. BY LOCAL REG. Sept. 11, 1962
26. REGISTRAR'S SIGNATURE Dr. E. M. Luche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.

Permit issued 9/11/62