

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

040465
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 148

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY JOHNSON		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) WARRENSBURG		Length of stay in 1b 1 1/2 HRS.	c. CITY OR TOWN CONCORDIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) JOHNSON COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 505 MAGDALENA ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWIN H. SCHNAKENBERG			4. DATE OF DEATH Month Day Year OCT 19 1963
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 June 17, 1894
9. AGE (last birthday) 69		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) FARMING RETIRED		10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING	11. BIRTHPLACE (City and state or country) CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME GERD SCHNANNBERG	
13b. MOTHER'S MAIDEN NAME MAGDALENA KEISNER		14. NAME OF HUSBAND OR WIFE MRS LYDIA SCHNAKENBERG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT MRS. LYDIA SCHNAKENBERG		Address CONCORDIA, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of the stomach DUE TO (b) old stomach ulcer DUE TO (c) 10 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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	
21. I attended the deceased from <u>10/2/63</u> to <u>10/19/63</u> and last saw her alive on <u>10/19/63</u> Death occurred at <u>9:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frederick G. Sherman M.D.		22b. ADDRESS Concordia, Mo.	
22c. DATE SIGNED 10/21/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 29, 1963	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	
23d. LOCATION (City, town, or county) CONCORDIA, MO		25. DATE RECD. BY LOCAL REG. OCT. 22, 1963	
24. FUNERAL DIRECTOR E. S. James		26. REGISTRAR'S SIGNATURE Savannah Outersfield	

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

JAN 17 1964

NOV 13 1963

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, 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.