

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3676

State File No.

BIRTH NO. 0020 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5018 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WHITESVILLE, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WHITESVILLE, MO.</u> <u>0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SCHILDKNECHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-1951</u>		
5. SEX <u>MDW</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	
8. DATE OF BIRTH <u>1-3-1868</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR (Specify) <u>1</u> YEAR (Specify) <u>24</u> HOURS (Specify) <u>24</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW CASTLE, IND.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Lewis Schildknecht</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Gehart</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA ALICE SCHILDKNECHT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Alice Schildknecht</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Second attack</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

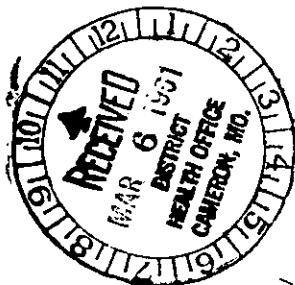
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 21, 1951, to Feb 24, 1951, that I last saw the deceased alive on Feb 24, 1951, and that death occurred at 2:44pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E M Reynolds M.D.</u>		23b. ADDRESS <u>Union Star Mo</u>		23c. DATE SIGNED <u>Feb 15 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	
24d. LOCATION (City, town, or county) (State) <u>Union Star mo</u>					

DATE REC'D BY LOCAL REG. <u>3-5-51</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga

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 this body is not embalmed, fact should be so stated above.