

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15200

State File No.

FILED APR 18 1956

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY SALINE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY SALINE

b. CITY OR TOWN RURAL CAMBRIDGE c. LENGTH OF STAY (in this place) 1 mo.

c. CITY OR TOWN Gilliam d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 6 MILES S.E. GILLIAM

e. STREET ADDRESS (If rural, give location) 6 mi S.E. GILLIAM MO.

3. NAME OF DECEASED
a. (First) REGINA b. (Middle) BELSTLE c. (Last) SCHNITZMEYER

4. DATE OF DEATH APR. 4 1956

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH DEC. 28, 1891

9. AGE (In years last birthday) 64

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) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HER HOME

11. BIRTHPLACE (City and State or Foreign Country) COLE COUNTY MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CARL BELSTLE

13b. MOTHER'S MAIDEN NAME NELLIE VETROP

14. NAME OF HUSBAND OR WIFE BEN SCHNITZMEYER

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Schnitzmeyer Gilliam Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
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
1 month 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 33ix

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1956, to April 4, 1956, that I last saw the deceased alive on April 3, 1956, and that death occurred at 12.18 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. Bellman D.C.

23b. ADDRESS 1st Street Glasgow, MO.

23c. DATE SIGNED April 6 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 6, 1956

24c. NAME OF CEMETERY OR CREMATORY All Saints

24d. LOCATION (City, town, or county) (State) Gilliam MO.

DATE REC'D BY LOCAL REG. 4/11/1956

REGISTRAR'S SIGNATURE Mr. Carl C. Metz

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Audley-Friemuth Glasgow MO.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 23 1951

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 *E. J. Freeman*.....

Licensed Embalmer No. *39*.....

P. O. Address *Glasgow*.....

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