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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11314

FILED MAR 16 1949

Registration District No. 362

Primary Registration District No. 6233

Registrar's No. 11

**1. PLACE OF DEATH:**  
 (a) County Warren  
 (b) City or town Rural (Camp Branch twmsp)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community life years, months or days) (Yes or No)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Warren 109  
 (c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. North of Warrenton 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Arcelia C. Bain  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
 4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife. John A. Bain  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased. July 27, 1856  
(Month) (Day) (Year)  
 8. AGE: Years 92 Months 7 Days 1  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 2 day 28  
 year 49 hour 6 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from December  
1948, to February, 1949;  
 that I last saw her alive on 2-20, 1949;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease  
 Due to Coronary Sclerosis  
 Due to \_\_\_\_\_  
 Other conditions ny  
(Include pregnancy within 3 months of death)

Duration
<u>2 yr +</u>
<u>2 yr</u>

**9. Birthplace** Warren County Missouri  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** at home  
**11. Industry or business** \_\_\_\_\_  
**12. Name** John Garrett Schnick  
**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Amanda Archer  
**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Miss Arcelia Bain  
**(b) Address** R.F.D. Warrenton, Mo.  
**17. (a)** Burial **(b) Date thereof:** 3-2-49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** burial or cremation Warrenton, Mo.  
**18. (a) Signature of funeral director** F.W. Nieburg & Co.  
**(b) Address** Warrenton, Mo.  
**19. (a)** 3-2-49 **(b)** Floyd Legant  
(Date received local registrar) (Registrar's signature)

**Major findings:** 4/2/49  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0  
**23. Signature** Layman A. Hays (M.D. or other)  
 Address Wright City, Mo. Date signed 2-25-49

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3-15-49  
District Health Officer No. 9,  
RECEIVED

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Shieburg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, Or

**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.**