

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13008

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>NSA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reba</u> b. (Middle) <u>Jean</u> c. (Last) <u>Schnellbacher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 20 1948</u>
9. AGE (In years, last birthday) <u>11</u> 10. MONTHS <u>3</u> 11. DAYS <u>3</u>		9. AGE (In years, last birthday) IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Al Schnellbacher</u>	
14. MOTHER'S MAIDEN NAME <u>Lucille Bergman</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Al Schnellbacher</u> ADDRESS <u>LaGrange</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>POISONING, CIGARET LIGHTER FLUID</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MINUTES</u>	
ANTECEDENT CAUSES <u>DRANK ACCIDENTALLY</u>		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>56</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LA GRANGE LEWIS MO</u>	
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"/>		
22. I hereby certify that I attended the deceased from <u>APRIL 23, 1949</u> , to <u>APRIL 23, 1949</u> , that I last saw the deceased alive on <u>APRIL 15, 1949</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Jennings M.D.</u> (Degree or title)		23b. ADDRESS <u>LaGrange, Missouri</u>	23c. DATE SIGNED <u>4/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LaGrange, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-30-49</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>	FUNDAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul G. Vaughn LaGrange, Mo.</u>	

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

RECEIVED

District Health Officer

District File Number 5-42

Date Filed MAY 2 - 19

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 Paula Vaughan

Licensed Embalmer No. 4567

P. O. Address La Grange, Ill.

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.