

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33481**

BIRTH NO. 04154-49 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 150

| | | | |
|---|-------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - South Lind</u> | |
| c. LENGTH OF STAY (in this place) <u>1 1/2</u> | | d. STREET ADDRESS (If rural, give location) <u>D</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. Francis Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> | | b. (Middle) <u>DOLLIE</u> | |
| c. (Last) <u>MILLS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 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>10-20-1949</u> |
| 9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR Months <u>-</u> Days <u>1</u> | | IF UNDER 1 MRS. Hours <u>1</u> Min. <u>-</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Washington Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Les Schneider</u> | | 13b. MOTHER'S MAIDEN NAME <u>Donita Mills</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Medes Schneider</u> ADDRESS <u>Washington, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Baby born in the 5th month</u> ANTECEDENT CAUSES DUE TO (b) <u>gestation; cause of</u> DUE TO (c) <u>obstruction not known</u> 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"/> | | 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 <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 <u>10/20/49</u> , 19 <u>49</u> , to <u>10/20/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/20/49</u> , and that death occurred at <u>Franklin, Mo.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Washington Mo.</u> | |
| 23c. DATE SIGNED <u>10/21/49</u> | | 24. LOCATION (City, town, or county) (State) <u>Washington Missouri</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-21-1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 21, 1949</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |
| 25. EMERALD DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Washington, Missouri</u> | |

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

36
2

District File Number _____
District Health Officer No. 9,
RECEIVED
OCT 22 1949

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.

Signed _____

W. Willenbrink

Signed _____
Student Embalmer

Not embalmed

Licensed Embalmer No. 4511

P. O. Address Washington, 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 this body is not embalmed, fact should be so stated above.