

FILED JAN 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41972

No. 300  
10.48

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Central</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Central</b>	
c. LENGTH OF STAY (In this place) <b>86 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Frank Schindler</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Dec. 30 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 9 1863</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Alois Schindler</b>	13b. MOTHER'S MAIDEN NAME <b>Bona Schneider</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Schindler</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>No file</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Percy Hudson Perryville Mo.</b>	ADDRESS <b>R 1</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic. Cardio-vascular disease</b> DUE TO (c) <b>disease with hypertension</b>		<b>3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			<b>442X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 19 48** to **Dec 30 49**, that I last saw the deceased alive on **Dec 29 49**, and that death occurred at **47** m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. Carr</b>	(Degree or title)	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>1-3-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 2 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 4-1950</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-11-50

Dis. Lic. Health Officer No. 4

File Number 150-58

Date Filed

*Parsons*

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 *Wallace Young*

Licensed Embalmer No. 4827

P. O. Address *Parsonsville Me*

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.