

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8129

1270

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY: <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clear Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clear Creek Township</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>6 miles west of Pilot Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>LOUSIA</u> b. (Middle) <u>FLORETTE</u> c. (Last) <u>SCHNECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 23, 1867</u>
9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 18 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Schneck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Pilot Grove 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion Probable</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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>3-5</u> , 19 <u>50</u> , to <u>3-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>50</u> , and that death occurred at <u>6 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. Sandy MD</u> (Degree or title)		23b. ADDRESS <u>Pilot Grove Mo.</u>	23c. DATE SIGNED <u>3-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 17-1950</u>	REGISTRAR'S SIGNATURE <u>Willie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boys-Printer</u>	ADDRESS <u>Pilot Grove, Mo</u>

RECEIVED

MAR 20

District Health Officer No. 3,

District File Number \_\_\_\_\_

Date Filed 3-22-50

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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

*Robert L. Painter*

Licensed Embalmer No.

*4069*

P. O. Address

*Pilot Grove, 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.