

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30872**

**FILED** OCT 11 1950

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 38

1. PLACE OF DEATH  
a. COUNTY Jefferson  
b. CITY (If outside corporate limits, write RURAL and give town) De Soto  
c. LENGTH OF STAY (in this place) 50yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 1501 No. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)  
a. STATE Mo.  
b. COUNTY Jefferson  
c. CITY (If outside corporate limits, write RURAL and give township) De Soto  
d. STREET ADDRESS (If rural, give location) 1501 No. 4th St.

3. NAME OF DECEASED  
a. (First) Cornelius b. (Middle) William c. (Last) Schneider

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 11-1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
DIVORCED

8. DATE OF BIRTH Feb. 20-1891

9. AGE (In years last birthday) 59

IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Millwright

10b. KIND OF BUSINESS OR INDUSTRY  
R.R. CAR Mfg.

11. BIRTHPLACE (State or foreign country)  
De Soto, Mo

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
John Schneider

13b. MOTHER'S MARYDEN NAME  
BARBARA Koenig

14. NAME OF HUSBAND OR WIFE  
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MAY YOUNG De Soto, Mo.

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Decompensation  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) !  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 yr.  
  
4222

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept., 1950, that I last saw the deceased alive on Sept. 10, 1950, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE  
Chas. E. Owen (Degree or title) DO.

23b. ADDRESS  
De Soto, Mo.

23c. DATE SIGNED  
9/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24b. DATE  
9-14-50

24c. NAME OF CEMETERY OR CREMATORY  
CALVARY

24d. LOCATION (City, town, or county) (State)  
De Soto, Mo.

DATE REC'D BY LOCAL REG.  
9-27-50

REGISTRAR'S SIGNATURE  
Marie Harris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
J. Lee Mathurshad De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1930

DEC 27 1930

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 10-22-30

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Andrew H. England

Signed.....  
Student Embalmer

Licensed Embalmer No. 4745

P. O. Address W. Sato, 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.