

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32552

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	c. LENGTH OF STAY (In this place) 29 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar 0061	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial		d. STREET ADDRESS (If rural, give location) 1700 S. Grand 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Nicholas c. (Last) Schnoebelen			4. DATE OF DEATH (Month) (Day) (Year) 10-10-1950		
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5. SEX 0 Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH Dec. 20, 1880		9. AGE (In years last birthday) 69	F UNDER 1 YEAR Months	F UNDER 2 HRS. Hours	F UNDER 5 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Riverside, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Frank Schnoebelen		13b. MOTHER'S MAIDEN NAME Mary Bradley		14. NAME OF HUSBAND OR WIFE Anna Schnoebelen	
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Schnoebelen, Lamar, Mo. ADDRESS			
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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, asthma, 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) Coronary occlusion						Sudden
ANTECEDENT CAUSES	DUE TO (b) Malnutrition					3 wks
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Carcinoma Stomach 2					151X
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"/>
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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)	
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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"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 9/30/50, to 10/10, 1950, that I last saw the deceased alive on 10/10, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. R. Cain MD (Degree or title)		23b. ADDRESS Lamar, Mo.		23c. DATE SIGNED 10/12/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-13-1950	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Lamar Missouri		
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DATE REC'D BY LOCAL REG. OCT 12 1950	REGISTRAR'S SIGNATURE Marie Konantz 14		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chance W. Childs Lamar Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 16 1950

Dist. File 10-50-2117
Date Filed 10-16-50

SEP 23 1950

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.....
Student Embalmer

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lima, 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.