No. 300
10.48

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

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32965

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" LINCOLN
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. #1, BILLINGS, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" LINCOLN 0220
d. STREET ADDRESS (If rural, give location): RT. #1, BILLINGS

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): MARTIN
c. (Last): SCHNICK

4. DATE OF DEATH (Month) (Day) (Year): OCT. 7 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 11, 1877
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): BRANDENBURG, GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CARL MARTIN SCHNICK
13b. MOTHER'S MAIDEN NAME: WILHELMENIA BOHN
14. NAME OF HUSBAND OR WIFE: LENA SCHULETER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. EMMA VENZLAFF
ADDRESS: BILLINGS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

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) m.
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* June, 1949, *to* October, 1950, *that I last saw the deceased alive on* Oct 7, 1950, *and that death occurred at* 9:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Karl J. Leidinger Jr (Degree or title) M.D.
23b. ADDRESS: Billings, Mo.
23c. DATE SIGNED: 10-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-10-1950
24c. NAME OF CEMETERY OR CREMATORY: ST. PETER'S EVANGELICAL
24d. LOCATION (City, town, or county) (State): BILLINGS MISSOURI

DATE REC'D BY LOCAL REG.: 10-9-1950
REGISTRAR'S SIGNATURE: Alline Drecco
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
Filed
OCT 19 1950
Dist. File 1050-2127
Date Filed 10-1950

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

Student Embalmer No.

working under my personal supervision.

Student .....
—Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.