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FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37591

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	c. LENGTH OF STAY (If this place) <u>20 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>0543</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Herman</u> c. (Last) <u>Schnieder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>4</u> <u>50</u>		
5. SEX <u>M</u> <u>0</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18, 1878</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR <u>5</u> MONTHS <u>16</u> IF UNDER 2 HRS. <u></u> HOURS <u></u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Near Higginsville 0</u>		12. CITIZEN OF WHAT COUNTRY <u>S.A.</u>

13a. FATHER'S NAME <u>Herman Schnieder</u>		13b. MOTHER'S MAIDEN NAME <u>Lisette Schnieder</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Green Schnieder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Green Schnieder</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Higginsville</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Bronchial Asthma</u> <u>Bronchiectasis</u>			UNKNOWN UNKNOWN
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			4500

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Higginsville Lafayette Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 July 5, 1949 to Nov 4, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.C. Bunnagan M.D.</u>		23b. ADDRESS <u>Higginsville</u>		23c. DATE SIGNED <u>11/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>		

DATE RECD BY LOCAL REG. <u>11/13/50</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Sandrum</u> <u>My Frances Govey Bricken</u> <u>Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles G. Gattis &amp; Sons</u> <u>Higginsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

41

**RECEIVED**

11-21-50

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 11-21-50

**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.

Signed Forrest S. Hooper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.