

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

737

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>	
c. LENGTH OF STAY (in this place) <u>6 MO.</u>		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SISTER MARY</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>SCHNEIDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 15, 1875</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>19</u> Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN SCHNEIDER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SISTER LOELEN HUELSMANN, SULLIVAN MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETIC COMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS.</u> <u>8 YRS.</u> <u>260 X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DIABETES</u>		
		DUE TO (c)		
		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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) (Minute)	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 JAN 2, 1951, to Jan 4, 1951; that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. de la Torre MD.</u>	23b. ADDRESS <u>SULLIVAN MO</u>	23c. DATE SIGNED <u>1/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VILLA GESUE</u>	24d. LOCATION (City, town, or county) (State) <u>BADEN MO</u>
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DATE REC'D BY LOCAL REG. <u>1-4-1951</u>	REGISTRAR'S SIGNATURE <u>Ed Pracht</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrison M. Eaton, Sullivan MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

361

DISTRICT HEALTH OFFICE No. 4

File No.

JAN 9 1951

RECEIVED

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

Edgar W. Laffoon

Signed _____
Student Embalmer

Licensed Embalmer No.

3394

P. O. Address

Sullivan 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.