

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5526 State File No. 954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5526 Registrar's No. 2

0430

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cross Timbers-Starks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cross Timbers-Rural-Starks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North Cross Timbers</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile North Cross Timbers</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Schnitker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 7 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 23-1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Atcheson County, Mo</u>
13a. FATHER'S NAME <u>FRANK Schnitker</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Beasing</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Schnitker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) <u>NO</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Schnitker</u> ADDRESS <u>Cross Timbers</u>
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediately</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Briggs, D.O., Coroner</u>		23b. ADDRESS <u>Wheatland, Mo.</u>	23c. DATE SIGNED <u>1-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-10-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cross Timbers, Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 17, 1951</u>	REGISTRAR'S SIGNATURE <u>W. P. Dargiss</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert K. Kellaway</u>	ADDRESS <u>Wheatland, Mo</u>

RECEIVED 1-24-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 1-24-51

JAN 26 1951

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 *Chas. E. Pittaway*

Licensed Embalmer No. 4267

P. O. Address *Wheatland, Md*

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.