

FILED AUG 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23565**

BIRTH NO. **54081-51** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **86**

1542
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) 7 MI SOUTH & WEST CONCORDIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GAYLE		b. (Middle) SCHNAKENBERG		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 3 1951				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried		8. DATE OF BIRTH Aug 3, 1901		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) LEXINGTON, Mo			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME ELMER SCHNAKENBERG		13b. MOTHER'S MAIDEN NAME EMMA M. READER		14. NAME OF HUSBAND OR WIFE None	
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 ELMER SCHNAKENBERG	
				ADDRESS CONCORDIA, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH LIVED	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				APPROX. 5 MIN.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X			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) (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 **Aug 3, 1951**, to **Aug 3, 1951**, that I last saw the deceased alive on **Aug 3, 1951**, and that death occurred at **10:34 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS Concordia, Mo		23c. DATE SIGNED 8/3/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Trinity Hill		24d. LOCATION (City, town, or county) (State) CONCORDIA, MO	
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DATE REC'D BY LOCAL REG. Aug 6 1951		REGISTRAR'S SIGNATURE [Signature]		156 25. FUNERAL DIRECTOR'S SIGNATURE E. S. Jones		ADDRESS Concordia, Mo	
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RECEIVED 8-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-9-51 _____

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 Walter E.

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 205-8

P. O. Address Conradia, 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.