

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29245

State File No.

FILED SEP 6 1951

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 66

031

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> <u>1031</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>21 So. Elm St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Helen</u> c. (Last) <u>Schnakenberg</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1951</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | |
| 8. DATE OF BIRTH <u>Nov. 16, 1872</u> | | 9. AGE (In years last birthday) <u>78</u> | | 10. IF UNDER 18: Hours <u>15</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house-keeper</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>C. H. Schnakenberg, Dec'd</u> | |
| 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>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS- <u>Miss Alberta Schnakenberg, Dexter,</u> | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 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) <u>156A</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 Aug 1, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------|--|--|--|
| 23a. SIGNATURE <u>L. S. Harold a. Paer</u> <u>290.</u> (Degree or title) | | 23b. ADDRESS <u>Dexter, Mo.</u> | | 23c. DATE SIGNED <u>9/1/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>9-2-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u> | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>9-1-51</u> | | REGISTRAR'S SIGNATURE <u>W. J. Jenkins</u> <u>407</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey, Dexter, Mo.</u> | |
|--|--|---|--|--|--|

1951

RECEIVED

SEP 5 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

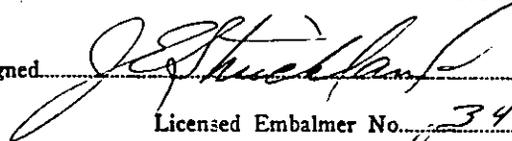
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.....

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address. West, 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.