

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32999**

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 269	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 5 yrs.		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0		d. STREET ADDRESS (If rural, give location) 1142 E. McCarty	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1142 E. McCarty				d. STREET ADDRESS (If rural, give location) 1142 E. McCarty			
3. NAME OF DECEASED (Type or Print) a. (First) Edith M. b. (Middle) Schneider c. (Last) Schneider			4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 31, 1899	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H. Schneider			13b. MOTHER'S MAIDEN NAME Katherine Schlegel			14. NAME OF HUSBAND OR WIFE Ernest H. Schneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ernest H. Schneider ADDRESS 1142 E. McCarty			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HUNG AER SELF by the Neck							
DUE TO (c) mental case							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E974X							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT (Specify) SUICIDE		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 Dead when I viewed , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at 10:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. T. Leslie MD Coroner				23b. ADDRESS Jefferson City Mo.		23c. DATE SIGNED 10-20-51	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried		24b. DATE Oct 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Riverkiew		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Oct 22-1951		REGISTRAR'S SIGNATURE R.P. Davis MD		25. EMERAL DIRECTOR'S SIGNATURE Thomas ... ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed OCT 29 1951

OCT 17 1951

OCT 29 1951

DISTRICT HEALTH OFFICE

JUN 2 1953

JUN 8 1953

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  _____

Licensed Embalmer No. 3641

P. O. Address _____

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.