

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43850**

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

BIRTH NO. _____		REG. DIST. NO. <b>360</b>	PRIMARY REG. DIST. NO. <b>6225</b>	Registrar's No. <b>103</b>
1. PLACE OF DEATH a. COUNTY <b>Nevada</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Nev</b> b. COUNTY <b>Newton</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington Twp</b>		c. LENGTH OF STAY (In this place) <b>3-1-28</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Neasbo 0732</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp # 3</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED a. (First) <b>Albert</b>		b. (Middle) _____	c. (Last) <b>Schnewetter</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4-1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>April 17-1872</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b> IF UNDER 12 HRS. Hours <b>1</b> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Miss. 9</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.C.</b>
13a. FATHER'S NAME <b>Alvin Schnewetter</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Wagner</b>	14. NAME OF HUSBAND OR WIFE <b>Leona</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Miss. 1</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hosp. Records Nevada</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Chronic sclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Long</b>
		ANTECEDENT CAUSES 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. <b>Senility psychosis</b>		<b>Long</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		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) (Minute) _____		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 <b>Aug 1</b> 19 <b>50</b> , to <b>Dec 4</b> 19 <b>51</b> , that I last saw the deceased alive on <b>Dec 4</b> 19 <b>51</b> , and that death occurred at <b>9:04 am</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>Dr. J. H. ...</b>		(Degree or title) _____		23b. ADDRESS <b>State Hosp # 3 Nevada</b>
23c. DATE SIGNED <b>12-4-51</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>December 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deepwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-6-51</b>		REGISTRAR'S SIGNATURE <b>Uma E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ferry Funeral Home Nevada Missouri</b>

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 11 1951

Dist. File 1201-3424

Date Filed 12-12-51

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.