

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7773

State File No. ....

S. No. 100  
V. 10.48

240  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>0291</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		<u>0240</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>IOOF. Home</u>				
3. NAME OF DECEASED a. (First) <u>Fred</u>			b. (Middle) _____		c. (Last) <u>Schneider</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 25-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 4-1870</u>	9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR Months <u>7</u>	If UNDER 1 HR. Hours <u>21</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Herman Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>John Schneider</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fist</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Schneider</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State IOOF. Home Records Liberty, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatus pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid arthritis.</u> <u>Arthralgias all joints except</u> DUE TO (c) <u>lower jaw.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>7220</u>					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 <u>Aug</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>March 25</u> , and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Sedson M.D.</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>3/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. J. City</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 26-1952</u>		REGISTRAR'S SIGNATURE <u>Dunnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Archer Co. Liberty, Mo</u>		ADDRESS		

**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

*John Lombard*

Licensed Embalmer No. *4448*

P. O. Address *Liberty rd.*

**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.