

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34536

State File No. _____

FILED OCT 31 1952

BIRTH NO. _____

REG. DIST. NO. 77PRIMARY REG. DIST. NO. 3016Registrar's No. 260

I. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, write RURAL and give town(ship))
OR
TOWN Jefferson City, c. LENGTH OF STAY (in this place) 40 yrsd. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY Colec. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Jefferson City, 0264d. STREET ADDRESS (If rural, give location)
714 Clark Ave.

3. NAME OF DECEASED (Type or Print)

a. (First) Dona b. (Middle) Schneider c. (Last)4. DATE OF DEATH (Month) (Day) (Year)
October 26 1952

5. SEX

Female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 22 1893

9. AGE (In years last birthday)

59

IF UNDER 1 YEAR

Months 6 Days 3

IF UNDER 24 HRS.

Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House wife10b. KIND OF BUSINESS OR INDUSTRY
-----11. BIRTHPLACE (City and State or Foreign Country)
Cole County, Mo.12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

Hugh S. Enloe

13b. MOTHER'S MAIDEN NAME

Rebecca Jane Campbell

14. NAME OF HUSBAND OR WIFE

William M. Schneider15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no no16. SOCIAL SECURITY NO.
no17. INFORMANT'S SIGNATURE OR NAME ADDRESS
William M. Schneider, 714 Clark Ave Jefferson City, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Infection of the Myocardium

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

24 hoursYears

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952 to 10-26, 1952, that I last saw the deceased alive on 10-26, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

John D. Newhart MD

23b. ADDRESS

425 Madison Ave

23c. DATE SIGNED

10-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Oct. 29 1952

24c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

24d. LOCATION (City, town, or county) (State)

Jefferson City, Missouri

DATE REC'D BY LOCAL REG.

Oct 28-1952

REGISTRAR'S SIGNATURE

R. P. Norris MA

25. FUNERAL DIRECTOR'S SIGNATURE

MR. James Service

ADDRESS

700 Jefferson

JAN 2 1952

JAN 5 1951

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 Raymond N Martin

Licensed Embalmer No. 4150

P. O. Address Jefferson City, 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.