

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41854**

FILED DEC 26 1952

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 307
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland, Mo. RFD. 2 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central Trust Bldg.		d. STREET ADDRESS (If rural, give location) 1 mile South of Bland, Mo		
3. NAME OF DECEASED (Type or Print) Albert William Schneider a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Dec. 23, 1952 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 25, 1890	9. AGE (In years last birthday) 62 If UNDER 1 YEAR: Months 10 Days 28 If OVER 1 YEAR: Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Bland, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Schneider		13b. MOTHER'S MAIDEN NAME Meyer	14. NAME OF HUSBAND OR WIFE Sophia Schneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Edsel Schneider ADDRESS Owensville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Ph. Lymphogranulomatosa II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 minutes 18 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331xH		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 May, 1952 , to Dec 23, 1952 , that I last saw the deceased alive on Dec 23, 1952 , and that death occurred at 6 PM m., from the causes and on the date stated above.				
23a. SIGNATURE John W. McHane (Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 12/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 26, 1952	24c. NAME OF CEMETERY OR CREMATOR Copper Hill Cemetery	24d. LOCATION (City, town, or county) (State) Bland, Mo.	
DATE REC'D BY LOCAL REG. Dec 23-52	REGISTRAR'S SIGNATURE K. P. Harris MS-NR	FURNERAL DIRECTOR'S SIGNATURE Victor Buesch		ADDRESS Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0264

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MAR 13 1959

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 Melford H.H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.