

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42817**

FILED JAN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4315** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Plata</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Pettis Tnswp</b>	
c. LENGTH OF STAY (in this place) <b>Temp.</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Wabash Depot.</b>		d. STREET ADDRESS (If rural, give location) <b>4 Mile N.W. La Plata</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b> b. (Middle) <b>Wilhelm</b> c. (Last) <b>Schneider</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 26, 1882</b>	9. AGE (in years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b>---</b> Min. <b>---</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairyman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Schneider</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Holtzsherer</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Schneider</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Schneider</b>	ADDRESS <b>La Plata, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Major Myocardial Infarct</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) Arterio-sclerotic Heart Disease</b>		
DUE TO (c)			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 24, 1952** to **Dec 24, 1952**, that I last saw the deceased alive on **Dec 22, 1952**, and that death occurred at **1:45 pm.**, from the causes and on the date stated above.

22a. SIGNATURE <b>Walter G. Glick</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>La Plata, Mo</b>	23c. DATE SIGNED <b>1/20/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>La Plata, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 31 1952</b>	REGISTRAR'S SIGNATURE <b>Wm. B. Griffin</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. B. Griffin</b> ADDRESS <b>La Plata, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
0.48  
10  
3

60

RECEIVED 1.6.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 1.53.8  
Date Filed 1.6.53

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 Jennett M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.