

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6714

State File No.

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 23

0551

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>W. CHURCH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. CHURCH ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>	b. (Middle) <u>MARY</u>	c. (Last) <u>Schneider</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Christian Kiehnholz</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MICKLEY</u>	14. NAME OF HUSBAND OR WIFE <u>LAWRENCE SCHNEIDER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARTHA WILKS</u> ADDRESS <u>Aurora, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>1 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma lower esophagus & metastasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X</u>			

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 2/1 1953 to 1/23 1953, that I last saw the deceased alive on 1-21 1953, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Loman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>2/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CATHOLIC</u>	24d. LOCATION (City, town, or county) (State) <u>AURORA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Ors Mc Natt</u> <u>157</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. March</u> ADDRESS <u>Aurora</u>
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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 *Leah Harrent*
Licensed Embalmer No. 4809
P. O. Address *Aspers, 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.