

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41855

State File No. 53

No. 300
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FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>	c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN CTY. MEM. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>DANA</u>	c. (Last) <u>SCHNELLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 53</u>
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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>10/30/1874</u>	9. AGE (In years last birthday) <u>79</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI (Pollock)</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>JOHN SCHNELLE</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca STEELE</u>	14. NAME OF HUSBAND OR WIFE <u>IVAH SCHNELLE (dead)</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>510-07-83108</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willis W Schnelle</u>	ADDRESS <u>5015 W 72nd St, Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca J Lung</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metabolic & lung & brain</u> DUE TO (c) <u>Artery thrombosis of int. carotid artery</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>They vein</u> <u>Great vessels</u> <u>Secondary anemia 163X</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) (Minute)	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 Oct 1953 to 11/30, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Fayell M.D.</u>	23b. ADDRESS <u>St. Louis, MO</u>	23c. DATE SIGNED <u>11/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scobee Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pollock 1200</u>
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DATE REC'D BY LOCAL REG. <u>11-4-53</u>	REGISTRAR'S SIGNATURE <u>Mr. H. B. Harris</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Scobee's</u>	ADDRESS <u>1416 W. 11th St</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4150 1/5

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 Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Nolan 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.