

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1724**

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBB CITY</b>	
c. LENGTH OF STAY (in this place) <b>9 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1429 W. NELSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>TONY</b>	a. (First)	b. (Middle)	c. (Last) <b>SCHNICKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 13, 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 21, 1909</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR (Months) <b>5</b>	IF UNDER 1 YEAR (Days) <b>22</b>	IF UNDER 4 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTER</b>		11. BIRTHPLACE (State or foreign country) <b>DAHLGRAM, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>NO DATA</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>JUANITA SCHNICKER</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>491-01-5527</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>JUANITA SCHNICKER, WEBB CITY, MISSOURI</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pericarditis</b>		<b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic nephritis</b> DUE TO (c)		<b>3 yrs</b>
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 checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-10, 1953, to 1-13, 1954, that I last saw the deceased alive on 1-12, 1954, and that death occurred at 1:55 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. W. Ferguson, MD</b>	23b. ADDRESS <b>Webb City, Mo.</b>	23c. DATE SIGNED <b>1/14/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-19-54</b>	REGISTRAR'S SIGNATURE <b>Doc S. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGE LEWIS FUNERAL HOME</b>	ADDRESS <b>WEBB CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 25 1954

Jasper County Health Office

County File Number 54-1-59

Date Filed JAN 25 1954

FEB 10 1954

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 \_\_\_\_\_

Licensed Embalmer No. 4561

P. O. Address Woburn, 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.