

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22193

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>745</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cosby, Missouri</u>		<u>0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyatt Lafayette St. Wyatt Park Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>R.</u> c. (Last) <u>SCHNEIDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3rd 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 7th 1868</u>	9. AGE (In years last birthday) <u>86 Yrs</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 25 YRS. Hours _____ Min. _____	
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 (State or foreign country) <u>Cosby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Bodenhausen</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Vogel</u>		14. NAME OF HUSBAND OR WIFE <u>Henry W. Schneider</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles J. Schneider, (son) St. Joseph, Mo.</u>			
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>Terminal Lung Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Myocardial Infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senescent Arterio-Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> <u>2 yrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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) (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 <u>1-24</u> , 19 <u>53</u> , to <u>7-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>54</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter B. Pellegrini</u>				23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>7-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>		24b. DATE <u>July 6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cosby E. J. B. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cosby, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Eathan M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer-Hessman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Raymond W. Herber

Licensed Embalmer No. 4413

P. O. Address St Joseph

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.