

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29659

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6255 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>RURAL - HIRAM, P.O.</u>	c. LENGTH OF STAY (In this place) <u>1 WK</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>207 MORLEY ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u>	b. (Middle) <u>PHILIP</u>	c. (Last) <u>SCHNEIDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 19, 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 18, 1875</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LAFAYETTE, KENTUCKY</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FREDERICK SCHNEIDER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE 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 <u>ELMER SCHNEIDER - FREDERICKTOWN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>410X</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) m.	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 11 AM, to 5:00 PM, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 5:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Slaughter, M.D.</u>	(Degree or title)	23b. ADDRESS <u>131 W. Main Fredericktown, Mo.</u>	23c. DATE SIGNED <u>8-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PATTON METHODIST</u>	24d. LOCATION (City, town, or county) (State), I. <u>BOLLINGER COUNTY, MO.</u>

DATE REC'D BY LOCAL REG. <u>Aug 21 1954</u>	REGISTRAR'S SIGNATURE <u>Bretta M. Swan</u>	495- <u>1</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Adamson - FREDERICKTOWN, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 24 1954
WAYNE CO. HEALTH CENTER
FILE No. _____

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 Wilson

Licensed Embalmer No. 4884

P. O. Address Fredensborg

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.