

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17616**

FILED JUL 14 1955

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5016 Registrar's No. 01

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe Twp Rural R#1 Cosby, Mo.		c. CITY OR TOWN R#1 Cosby, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 80 yrs.		e. STREET ADDRESS (If rural, give location) R#1 Cosby, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 Cosby, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Schneider			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1864	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Peter Eiman		13b. MOTHER'S MAIDEN NAME Mary Lilliger		14. NAME OF HUSBAND OR WIFE Frederick J. Schneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie Romang Cosby, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Superrannation DUE TO (c) 4222		INTERVAL BETWEEN ONSET AND DEATH 13 years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent Glomerulonephritis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Jan 6, 1947 to April 25, 1955, that I last saw the deceased alive on April 25, 1955, and that death occurred at 6:30A. m., from the causes and on the date stated above.

23a. SIGNATURE W. Maxwell		(Degree or title)		23b. ADDRESS 307 W. Main, Savannah, Mo.		23c. DATE SIGNED 6/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Cosby, Mo. Andrew County	

DATE REC'D BY LOCAL REG. 6-28-55		REGISTRAR'S SIGNATURE Hellman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Meierhoffer - Fleeman, St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0020

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.....***.....****
Signature of Student Embalmer

Signed *Albert P. Harrington*.....
Licensed Embalmer No. 3258 M.....

P. O. Address St... Joseph, .. M.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.