

FILED SEP 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25204

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5012 Registrar's No. 77

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) Union Star		c. LENGTH OF STAY (In this place) 82 Yrs.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 9020	

3. NAME OF DECEASED (Type or Print) Anna Christina Schnitker			4. DATE OF DEATH Sept. 2, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 22, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Union Star, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Robert Richter	13b. MOTHER'S MAIDEN NAME Lucy Whitman	14. NAME OF HUSBAND OR WIFE John Schnitker
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 Edward Schnitker, Union Star, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Pressure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of the Brain DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary Carcinoma of Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X		

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)	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 **12-27, 1951**, to **9-2, 1955**, that I last saw the deceased alive on **9-2, 1955**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lyle P. Park	23b. ADDRESS U.O.A. Union Star, Mo.	23c. DATE SIGNED 9-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-4-1955	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star, Mo.
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DATE REC'D BY LOCAL REG. 9-6-55	REGISTRAR'S SIGNATURE Kellean Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanton Mortuary - Ashburn
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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.....
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 45

P. O. Address 319 So. 10th St.

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.