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FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26611

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Independence		c. CITY OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 733 N. Main St.		f. STREET ADDRESS (If rural, give location) 733 N. Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) REV. KARL b. (Middle) LUDWIG c. (Last) SCHNEIDER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 18, 1871		9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wolfstein, Germany		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ludwig Schneider		13b. MOTHER'S MAIDEN NAME Sophie Willig		14. NAME OF HUSBAND OR WIFE Dorothea Schneider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs Frieda Polster Stony Hill, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis		30 minutes	
ANTECEDENT CAUSES		DUE TO (b) Coronary Arteriosclerosis		2 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arterio-sclerosis		3 years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Oct 13, 1954 to Aug 28, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. H. Allen M.D.		23b. ADDRESS Independence Mo		23c. DATE SIGNED Aug 29, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Blue Springs	
24d. LOCATION (City, town, or county) (State) Blue Springs, Mo.					

DATE REC'D BY LOCAL REG. 8-31-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell	
				ADDRESS Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1958

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry H. Mitchell

Licensed Embalmer No. 380

P. O. Address Indep. 7

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.