

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28914

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5863 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Barton City Twp.)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Liberal</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 43 &amp; Irwin Road</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>Route 2</u>		7060	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALLSIE</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>SCHNEIDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1955</u>
-------------------------------------	--------------------------	-------------------------	----------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 16, 1887</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. 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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Lewis Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Conrad</u>	14. NAME OF HUSBAND OR WIFE <u>George William 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>Mrs. Mark A. Mills,</u>	ADDRESS <u>Kansas City, Ks.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest Crushed</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Car accident 1/2 mi. out of Cox</u>		

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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Hi-43 - Barton City, Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barton City Barton Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 25, 1955 11:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit at intersection of Hi-43 &amp; Irwin Rd</u>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence H. Chiles</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Lamar Mo</u>	23c. DATE SIGNED <u>Sept 25 55</u>
--	----------------------------------	------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
---	---------------------------------	--	--

DATE REC'D. BY LOCAL REG. <u>Sept 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u>	ADDRESS <u>Lamar, 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.....  
Signature of Student Embalmer

Signed *Clarence H. Child*.....

Licensed Embalmer No. *34*.....

P. O. Address *June 776*.....

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.