

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32476

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>?</u>	c. CITY OR TOWN <u>Old Appleton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>01601</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Martin</u> c. (Last) <u>Schnurbusch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 20, 1910</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Beer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph F. Schnurbusch</u>		13b. MOTHER'S MAIDEN NAME <u>Helen E. Ponder</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>494-05-2674</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Schnurbusch, Perryville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & anoxia</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-operative hemorrhage Lt. Kidney</u> <u>24 hrs</u> DUE TO (c) <u>Lt. renal calculus</u> <u>several months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> <u>602X</u>	
19a. DATE OF OPERATION <u>10-17-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Calculi Lt. Kidney & pyelonephritis</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)	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 <u>7-6 1954</u> , to <u>10-25, 1955</u> , that I last saw the deceased alive on <u>10-25, 1955</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.R. Seabrough, M.D.</u> (Degree or title)		23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>11-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>October 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schnurbusch, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-7-55</u>	REGISTRAR'S SIGNATURE <u>W.C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Perryville, Mo.</u>	

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

NOV 15 1956

JUL 30 1957

DEC 14 1955

AUG 22 1956

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, ~~by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Albert Bey

Licensed Embalmer No. *3A*
P. O. Address *Perryville*

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.