

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41551

State File No.

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>508 W. Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 W. St. Joseph St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theresa</u> b. (Middle) <u>Francisca</u> c. (Last) <u>Schnurbusch</u>			4. DATE OF DEATH <u>December 3, 1955</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 22, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>August Leible</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Hennemann</u>		14. NAME OF HUSBAND OR WIFE <u>August Schnurbusch</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.		17. INFORMANT'S SIGNATURE OR NAME <u>August Schnurbusch, Perryville, Mo.</u> ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease 2yr.</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u> <u>Old vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1hr.</u> <u>3-4yr</u> <u>6mo.</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)		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) (Min)		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 2-15, 1955, to 12-6, 1955, that I last saw the deceased alive on 4-1, 1955, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Fairchild M.D.</u>		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1955</u>		REGISTRAR'S SIGNATURE <u>Joseph Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u> ADDRESS <u>Perryville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

