

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9583

State File No.

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GROVER</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>45 YRS</u>		f. STREET ADDRESS (If rural, give location) <u>5 MI SW OF CONCORDIA, MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 MI SW OF CONCORDIA, MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>G.</u> c. (Last) <u>SCHNAKENBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 12, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CORDER, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MARTIN SCHNAKENBERG</u>	13b. MOTHER'S MAIDEN NAME <u>KATIE ROBERTS</u>	14. NAME OF HUSBAND OR WIFE <u>OTTILIE SCHNAKENBERG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-40-3369</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EMMETT SCHNAKENBERG</u> ADDRESS <u>CONCORDIA, MO</u>
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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 <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio Sclerosis</u> yes. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>CONCORDIA MO</u>
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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? _____
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22. I hereby certify that I attended the deceased from March 6, 1956, to March 11, 1956 that I last saw the deceased alive on March 11, 1956 and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.P. Stoensner D.C.</u>	23b. ADDRESS <u>Hugginsville, Mo</u>	23c. DATE SIGNED <u>3/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/15/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
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DATE REC'D BY LOCAL REG. <u>3/15/56</u>	REGISTRAR'S SIGNATURE <u>Erma L Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u> ADDRESS <u>Concordia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

49-C

RECEIVED
MAR 19 1956
JOHNSON COUNTY HEALTH DEPT.

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 E. S. James.....
Licensed Embalmer No. 205.....
P. O. Address Concordia.....

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.