

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15200

FILED APR 18 1956

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 6087		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY SALINE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CAMBRIDGE		c. LENGTH OF STAY (in this place) 1 mo.		c. CITY OR TOWN Gilliam		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 MILES S.E. GILLIAM				e. STREET ADDRESS (If rural, give location) 6 mi S.E. GILLIAM MO.			
3. NAME OF DECEASED (Type or Print) a. (First) REGINA b. (Middle) BELSTLE c. (Last) SCHNITZMEYER				4. DATE OF DEATH (Month) (Day) (Year) APR. 4 1956			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH DEC. 28, 1891	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HER HOME		11. BIRTHPLACE (City and State or Foreign Country) COLE COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CARL BELSTLE		13b. MOTHER'S MAIDEN NAME NELLIE VETROP		14. NAME OF HUSBAND OR WIFE BEN SCHNITZMEYER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Ben Schnitzmeyer ADDRESS Gilliam Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 month 2 days							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 2, 1956 , to April 4, 1956 , that I last saw the deceased alive on April 2, 1956 , and that death occurred at 12:18 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George C. Bellman D.C.				23b. ADDRESS 1st Street Glasgow, MO.		23c. DATE SIGNED April 6 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 6, 1956		24c. NAME OF CEMETERY OR CREMATORY All Saints		24d. LOCATION (City, town, or county) (State) Gilliam MO.	
DATE REC'D BY LOCAL REG. 4/11/1956		REGISTRAR'S SIGNATURE Mr. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Audley - Friemuth		ADDRESS Glasgow MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edw. Freeman*.....

Licensed Embalmer No. *39*.....

P. O. Address *Glasgow*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.