

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**33212**

STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1157

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hotel Robidoux</b>		d. STREET ADDRESS (If outside, give location) <b>Hotel Robidoux</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>life</b>			

3. NAME OF DECEASED (Type or print) <b>HELEN CRAIG SCHNEIDER</b>			4. DATE OF DEATH <b>Oct. 23, 1956</b>			
5th & Francis Sts. Middle Last			Month Day Year			

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 7, 1866</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>Samuel A. Garth</b>	14. MOTHER'S MAIDEN NAME <b>Clara Craig</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Miss Ida Garth, Mertland Apts., St. Joseph, Mo.</b> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hypostatic pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 years</b> <b>10 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Central Leukoplakia</b>			
DUE TO (c) <b>hypertension</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
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20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/15/52 to 10/23/56 and last saw <sup>her</sup> ~~him~~ alive on 10/19/56  
Death occurred at 9:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John H. Morgan MD</b> (Degree or title)	22b. ADDRESS <b>420 N. 8<sup>th</sup> St. St. Joseph, Mo.</b>	22c. DATE SIGNED <b>10/26/56</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, & county) (State)
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<b>burial</b>	<b>10/25/1956</b>	<b>Mt. Mora Cemetery</b>	<b>St. Joseph, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Heaton-Bowman St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 2, 1956</b>	26. REGISTRAR'S SIGNATURE <b>Loathen M. Allison</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

APR 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William Spelling*.....

Licensed Embalmer No. 45

P. O. Address 319 S. 10th

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