

FILED JUL 2 - 1957 STANDARD CERTIFICATE OF DEATH

State File No. **20382**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 411A Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>708 So. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 So. Broadway</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 So. Broadway</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>-----</u> c. (Last) <u>Schieni</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1957</u>	
5. SEX <u>0</u> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/8/85</u>
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>7</u>	11. DAYS <u>7</u>
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>Gen. Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Baden, Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George Schieni</u>	
13b. MOTHER'S MAIDEN NAME <u>Magdalena Eurer</u>		14. NAME OF HUSBAND OR WIFE <u>Schieni Magdalena Rinderspacher</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> <u>XX</u>		16. SOCIAL SECURITY NO. <u>491-36941</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Oscar Schieni</u>		ADDRESS <u>Salisbury, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metabolic steatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>-----</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>410X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>-----</u>		22. I hereby certify that I attended the deceased from <u>March 10, 1955</u> , to <u>June 24, 1957</u> , that I last saw the deceased alive on <u>June 24, 1957</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Salisbury, Mo</u>	
23c. DATE SIGNED <u>6/25/57</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/26/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmeyer</u>	
25. ADDRESS <u>Salisbury Mo.</u>		DATE REC'D BY LOCAL REG. <u>6/25/57</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. ADDRESS <u>Salisbury Mo.</u>	

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

55-0

JUL 12 1957

AUG 30 1957

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 .....

Student Embalmer No. \_\_\_\_\_

Signed

*Chas B Winckelmyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Mo.*

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 this body is not embalmed, fact should be so stated above.