

FILED OCT 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 175

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>WEBB CITY</b> TOWN		c. CITY OR TOWN <b>PITTSBURG</b> <sup>815-0</sup> <sub>8</sub>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JANE CHINN HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>1206 SOUTH JOPLIN</b>	
3. NAME OF DECEASED (Type or print) First <b>MATTHEW</b> Middle <b>BRYAN</b> Last <b>SCHNACKENBERG</b>		4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>4</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 3, 1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (City and state or country) <b>WEBB CITY, MO.</b>
13a. FATHER'S NAME <b>ROBT. WILLIAM SCHNACKENBERG</b>		13b. MOTHER'S MAIDEN NAME <b>FLORENCE RUTH MCKENNEY</b>	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on, or unknown) (If yes, give war or dates of service) <b>INFANT</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>ROBERT W. SCHNACKENBERG, PITTSBURG, Ks</b>
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>Pulmonary edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			<b>522x</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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <b>PITTSBURG</b>	COUNTY <b>KANSAS</b> STATE _____
21. I attended the deceased from <b>8:39 A. M 10-3-57 10-4-57</b> and last saw <sup>him</sup> alive on <b>10-4-57</b> Death occurred at <b>3 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. O. Martin D. O.</b>		22b. ADDRESS <b>709 Joplin St. Joplin Mo</b>	22c. DATE SIGNED <b>10-11-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10-4-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LUTHERAN CEMETERY,</b>	23d. LOCATION (City, town, or county) (State) <b>PITTSBURG, KANSAS</b>
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>10-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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County Health Office  
County File Number 57-10-887  
Date Filed OCT 28 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 .....  
Signature of Student Embalmer

Signed *Steve Parker* .....

Licensed Embalmer No. *2548*

P. O. Address *Golden* .....

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.