S. No. 300
v. 10.48

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

FILED JAN 27 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2132

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
d. STREET ADDRESS (If rural, give location): Rt. # 3 7 miles East.

0600

**3. NAME OF DECEASED** (Type or Print)
a. (First): Fred
b. (Middle): (None)
c. (Last): Schneider

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 14, 1958

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 15, 1896
**9. AGE** (In years last birthday): 61 — If under 1 year: Months 3, Days 30 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: General
**11. BIRTHPLACE** (City and State or Foreign Country): Natoma, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Wolfgang Schneider
**13b. MOTHER'S MAIDEN NAME**: Margaret Schneider
**14. NAME OF HUSBAND OR WIFE**: Marie Wilson Schneider

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 492-42-7696
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Marie Schneider — ADDRESS: Anderson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
4201
**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) m.
**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* 13 Jan, 1958, *to* 14 Jan, 1958 *that I last saw the deceased alive on* 13 Jan, 1958 *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R. Day Cor MD
**23b. ADDRESS**: Neosho Mo
**23c. DATE SIGNED**: 16 Jan 58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 1/14/1958
**24c. NAME OF CEMETERY OR CREMATORY**: Tracy Cemetery
**24d. LOCATION** (City, town, or county) (State): Anderson (Rural) Mo.

**DATE REC'D BY LOCAL REG.**: 1-20-58
**REGISTRAR'S SIGNATURE**: Melvin C. Bowman M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Rapp Funeral Home — ADDRESS: Anderson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

[RECEIVED]
District Health Officer No. Newton
District File Number 158-16
Date Filed JAN 24 1958

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## 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

Signed Earl Ralph

Licensed Embalmer No. 3458

P. O. Address Anderson, Missouri

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.