

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039006

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1252

300 0
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Marshall	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Beattie
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GARY STEVEN SCHNEIDER			4. DATE OF DEATH Month Day Year Nov. 20, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 11, 1956
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Beattie, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Schneider	
13b. MOTHER'S MAIDEN NAME Eline O'Neil		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Mr. Bernard Schneider, Beattie, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of foreign body			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) Choked on sandwich at home - (was brought to Methodist Hospital)	
20c. TIME OF INJURY Hour Month, Day, Year about 3:45 p.m. Nov. 20, 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Beattie COUNTY Kansas STATE	
21. I attended the deceased from 3 PM to 3:45 PM and last saw her/him alive on 11/20/58 Death occurred at 3:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. E. Wachter M.D.		22b. ADDRESS Kirkpatrick Bldg	22c. DATE SIGNED 11/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11/20/1958	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery	23d. LOCATION (City, town, or county) (State) Beattie, Kansas
24. FUNERAL DIRECTOR Walter Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 21, 1958	26. REGISTRAR'S SIGNATURE Mrs Clark Goodell

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr. H. E. Wachter

23

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 *William Gaelling*

Licensed Embalmer No. *7535*

P. O. Address *St Joseph St*

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.