Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002058
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 167 Primary Registration District No. Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Livingston	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mooresville Twp. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rural 590 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Owh home — Length of stay in 1b: 8 yrs.	d. STREET ADDRESS (If outside, give location) Mooresville Twp. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ROBERT	Middle: L.	Last: SCHNEIDER	4. DATE OF DEATH Month, Day, Year: Feb. 7, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 30, 1892
9. AGE (In years last birthday): 66	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): Merchant	10b. KIND OF BUSINESS OR INDUSTRY: Retail liquors	11. BIRTHPLACE (City and state or country): Keytsville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Schneider	13b. MOTHER'S MAIDEN NAME: Mary Dobson	14. NAME OF HUSBAND OR WIFE: Grace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XX	16. SOCIAL SECURITY NO.: 523-22-0690	17. INFORMANT: Robert Schneider, Address: Chillicothe, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1-58, to Feb. 1-58 and last saw ~~her~~ him alive on June 2-59

Death occurred at 10:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph A. Conrad M.D.

22b. ADDRESS: Chillicothe Mo

22c. DATE SIGNED: Feb 9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Feb.10,1959

23c. NAME OF CEMETERY OR CREMATORY: Catholic cemetery

23d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

24. FUNERAL DIRECTOR ADDRESS: Donald Gordon, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.: 2-9-59

26. REGISTRAR'S SIGNATURE: Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe

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.