

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014340

STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 40

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Perry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Perry</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Perryville</b>             |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Perryville</b> <sup>0791</sup><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>900 W. Grand</b> |  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>900 W. Grand</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Edgar Charles Schindler</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>April 13, 1959</b> |  |  |
|--|--|--|---|--|--|

|                       |                                  |   |  |  |   |                  |
|-----------------------|----------------------------------|---|--|--|---|------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 25, 1899</b> | 9. AGE (In years last birthday)<br><b>59</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS. |
|-----------------------|----------------------------------|---|--|--|---|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b> | 11. BIRTHPLACE (City and state or country)<br><b>Perry County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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|---|---|---|
| 13a. FATHER'S NAME<br><b>Ferd Schindler</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Rose Unverferth</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Marie Elder</b> |
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|  |                         |   |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br>Address<br><b>Mrs. Marie Schindler, Perryville</b> |
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|---|--------------------------------------|---|----------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Right Heart Failure</b> |                                      | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 MONTH</b>  |                |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Cor Pulmonale</b>      |   | <b>2 weeks</b> |
|   | DUE TO (c) <b>Pulmonary Fibrosis</b> |   | <b>10 yrs</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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                |

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|---|---|
| 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.)<br><b>525X</b> |
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|  |   |  |   |                        |                     |
|--|---|--|---|------------------------|---------------------|
| 20c. TIME OF INJURY<br>Hour . Month, Day, Year<br>a.m.<br>p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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<br><b>Perryville</b> | COUNTY<br><b>Perry</b> | STATE<br><b>Mo.</b> |
|--|---|--|---|------------------------|---------------------|

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| 21. I attended the deceased from <b>Dec. 30, 1957</b> to <b>APR. 7, 1959</b> and last saw <sup>him</sup> alive on <b>APR. 7, 1959</b><br>Death occurred at <b>11 A.M., 4/13/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |                                    |
| 22a. SIGNATURE<br><b>U. E. McDermott, M.D.</b> (Degree or title)  | 22b. ADDRESS<br><b>Perryville, Mo.</b> | 22c. DATE SIGNED<br><b>4/14/59</b> |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE<br><b>April 16, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Perryville, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Albert Bey, Perryville, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>4-15-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Jose J. Zoellner</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Albert Bey* .....

Licensed Embalmer No. *3866*

P. O. Address *Perryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.