URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1959

59-031947
STATE FILE NUMBER

ENDED

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY GASCONADE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP
Length of stay in 1b 5 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FRENE VALLEY HOME
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY GASCONADE
c. CITY OR TOWN HERMANN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102 W. 2nd ST
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALBERT Middle Last SCHINDLER
4. DATE OF DEATH Month SEPT Day 21 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/12/1870
9. AGE (last birthday) 88
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR 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 FARMING
11. BIRTHPLACE (City and state or country) SWISS Mo
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME BALZER SCHINDLER
13b. MOTHER'S MAIDEN NAME UNKOWN
14. NAME OF HUSBAND OR WIFE MARY SCHINDLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT VICTOR SCHINDLER Address HERMANN Mo

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) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 15 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1955 to 9-21-59 and last saw ~~her~~ him alive on 9-19-59
Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George M. Workman M.D.
22b. ADDRESS HERMANN, MO
22c. DATE SIGNED 9-22-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9/23/59
23c. NAME OF CEMETERY OR CREMATORY PRESBYTERIAN CEMETERY
23d. LOCATION (City, town, or county) SWISS (State) Mo
24. FUNERAL DIRECTOR HUGO H. BLUMER ADDRESS HERMANN Mo
25. DATE RECD. BY LOCAL REG. 9-22-59
26. REGISTRAR'S SIGNATURE Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.