

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041286

FILED VS. DEC. 9, 1959 **278**

Registration District No. **3054** Primary Registration District No. **143** Registrar's No.

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE.	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA.		Length of stay in 1b 25 YRS	c. CITY OR TOWN LOUISIANA
c. FULL NAME OF (If NOT in hospital, give location) 318 N. 3rd St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 318 N 3rd St.

3. NAME OF DECEASED (Type or print) First LENORA. Middle MAE Last SCHNEIDER			4. DATE OF DEATH Month Nov. Day 29 Year 1959.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-31-87	9. AGE (last birthday) 88.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) KNOX CO MO	12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME LEWIS JOHNSON	13b. MOTHER'S MAIDEN NAME ELIZA CLARK	14. NAME OF HUSBAND OR WIFE FREDERICK SCHNEIDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT GLADYS BRYSON	Address LOUISIANA MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Gangrene left foot and leg		6 weeks
DUE TO (b) Arteriosclerotic hypertensive cardio-vascular disease and peripheral vascular disease		5 yrs
DUE TO (c) and diabetes mellitus		8 yrs
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) -----
20c. TIME OF INJURY Hour ----- a.m. ----- p.m. -----	Month, Day, Year -----	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----

21. I attended the deceased from **1956**, to **11/29/59** and last saw her **alive** on **11-27-59**
Death occurred at **2:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chris H. Luellen	(Degree or title) M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 11-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 1, 1959	23c. NAME OF CEMETERY OR CREMATORY RIVER VIEW	23d. LOCATION (City, town, or county) (State) LOUISIANA MO.
24. FUNERAL DIRECTOR COLBERT FUNERAL SERVICE	ADDRESS LOUISIANA MO.	25. DATE RECD. BY LOCAL REG. Dec. 1, 1959	26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Geo. M. Callie

Licensed Embalmer No.

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P. O. Address.

Louis

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.