

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-007555**

FILED VS FEB 29 1960 *274*

Registration District No. *274* Primary Registration District No. *3052* Registrar's No. *86*

STATE FILE NUMBER

MAILED

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>Benton</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sedalia</b>                   |  | Length of stay in 1b<br><b>2 Mos.</b>   | c. CITY OR TOWN <b>Cole Camp</b><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>1604 S Prospect</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>---</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Carl</b> Middle <b>Henry</b> Last <b>Schnakenberg</b> |  |  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>18th</b> Year <b>1960</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>3-29-84</b> | 9. AGE (last birthday)<br><b>75</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b> | 11. BIRTHPLACE (City and state or country)<br><b>Lincoln Mo</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b> |
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| 13a. FATHER'S NAME<br><b>Carl Henry Schnakenberg</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Marte Rambow</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Augusta Schnakenberg</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>721-05-8635</b> | 17. INFORMANT Address<br><b>Mrs Aguta Schnakenberg</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>Carcinoma of bladder</b> |            | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |  |
|   | DUE TO (c) |  |

|   |   |
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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|--|
| 20c. TIME OF INJURY<br>Hour <b>---</b> a.m. <b>---</b> Month, Day, Year <b>---</b> |
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|  |  |  |                      |                     |
|--|--|--|----------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>---</b> | COUNTY<br><b>---</b> | STATE<br><b>---</b> |
|--|--|--|----------------------|---------------------|

21. I attended the deceased from **1958** to **18 Feb 1960** and last saw him alive on **17 Feb 60**.  
Death occurred at **11 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|-----------------------------------|------------------------------------|
| 22a. SIGNATURE (Deceased or title)<br><b>David P. Edwards MD</b> | 22b. ADDRESS<br><b>Sedalia Mo</b> | 22c. DATE SIGNED<br><b>2/19/60</b> |
|--|-----------------------------------|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>2-20-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Trinity Lutheran</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Cole Camp Mo</b> |
|--|-----------------------------|---|--|

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|---|--------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><b>E. L. Eickhoff</b> | ADDRESS<br><b>Cole Camp Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>2-23-1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Frances Shelby</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 2 ± 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.