URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-015980

FILED VS APR 25 1960

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 38

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEXINGTON. Length of stay in 1b: 9 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MEMORIAL Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: HIGGINSVILLE MO Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Walnut. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle LOUISE Last SCHNACKENBERG
4. DATE OF DEATH: Month APRIL Day 5 Year 1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 8, 1879
9. AGE (last birthday): 80
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): RETIRED HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own HOME
11. BIRTHPLACE (City and state or country): ALMA. MO
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: HENRY STEGEMILLER
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MARTIN H. SCHNACKENBERG

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.: No
17. INFORMANT: HARRY H. SCHNACKENBERG Address: KANSAS CITY. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio-sclerotic heart disease mitral
i Congestive failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): fracture of femur
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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 28 March 1960, to 5 April 1960 and last saw her/him alive on 5 April 1960
Death occurred at 8:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joe W Ward MD
22b. ADDRESS: Lexington Mo
22c. DATE SIGNED: 4-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/8/60
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county): HIGGINSVILLE (State): MO

24. FUNERAL DIRECTOR: C. S. James ADDRESS: Concordia Mo
25. DATE RECD. BY LOCAL REG.: 4-10-60
26. REGISTRAR'S SIGNATURE: Wm E Eastlewks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Comanche

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