URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029325

STATE FILE NUMBER

ILED VS AUG 11 1960 333 Registration District No. 333 Primary Registration District No. 6113 4487 Registrar's No. 184

NDED

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NEW HAMBURG — Length of stay in 1b: 28 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): AT HOME — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First EWALD Middle ANTON Last SCHINDLER
4. DATE OF DEATH: Month July Day 22 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JUNE 9, 1899
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months 1 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAVERN - OWNER & OPERATOR -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): APPLE CREEK, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: EWALD J. SCHINDLER
13b. MOTHER'S MAIDEN NAME: EMMA MOTSCH
14. NAME OF HUSBAND OR WIFE: MARY FRANCES 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.: 486-38-1648
17. INFORMANT: MRS. E. A. SCHINDLER — Address: NEW HAMBURG, 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): Metastatic carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of lung — 1 1/2 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): Pyocyaneas empyema - post ops
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 1958, to 22 July 60 and last saw her/him alive on 20 July 60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh V. Ashley Jr MD
22b. ADDRESS: Cape Guardeau Mo
22c. DATE SIGNED: 26 July 60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: July 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: ST. LAWRENCE CATHOLIC CEM.
23d. LOCATION (City, town, or county) (State): NEW HAMBURG, MISSOURI

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME — ADDRESS: CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: Aug 4-60
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 11 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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, M

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