

RECEIVED 13 NOV 28 1960
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041563

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 254

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Franklin</u>	a. STATE <u>Mo</u>		b. COUNTY <u>Franklin</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>	Length of stay in lb <u>2 da</u>	c. CITY OR TOWN <u>Pacific</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Charles</u>	Middle <u>Henry</u>	Last <u>Schneider</u>	Month <u>Nov</u>	Day <u>20</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25, 1986</u>	9. AGE (last birthday) <u>74</u>
		IF UNDER 1 YEAR		IF UNDER 24 HR
		Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ms. Jac. R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Pacific Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Henry Schneider</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Gatzels</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Schneider</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497-16-7516</u>	17. INFORMANT <u>Rebecca Schneider, Pacific Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Carcinoma of Esophagus</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m.	Month, Day, Year <u> </u>

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	COUNTY	STATE
21. I attended the deceased from <u>June 1960</u> to <u>Nov 20, 60</u> and last saw him <u>per alive on Nov 30, 60</u> Death occurred at <u>3:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>J. P. Fort</u>	22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>11/21/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pacific</u>
		23d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>

24. FUNERAL DIRECTOR <u>Mrs. John L. Shields</u>	ADDRESS <u>Pacific Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11/21/60</u>	26. REGISTRAR'S SIGNATURE <u>J. P. Fort</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 29 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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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