

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002599

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 9

FILED VS FEB 15 1961

1. PLACE OF DEATH a. COUNTY <b>PATNAM</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>TUTNAM</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JACKSON TWP</b>		Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>RURAL JACKSON TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>POLLOCK, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>POLLOCK - MO</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OLIVE</b> Middle <b>GERTRUDE</b> Last <b>SCHNEILE</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>7</b> Year <b>1961</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-26-86</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <b>PATNAM CO MO</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>JAMES-B-FRY</b>		13b. MOTHER'S MAIDEN NAME <b>JANE KENT</b>		14. NAME OF HUSBAND OR WIFE <b>RAY SCHNEILE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>EDGAR SCHNEILE LUCERNE, MO</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Parasitic Pneumonia</b> DUE TO (b) <b>Unknown</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>3yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arterio sclerosis</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Rural Tutnam, MO</b>	
21. I attended the deceased from <b>10:55</b> to <b>11:00</b> and last saw him alive on <b>2/7/61</b> . Death occurred at <b>11:00</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edgar Schneile</b> (Degree or title)			22b. ADDRESS <b>Pollock, MO</b>		22c. DATE SIGNED <b>2/7/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	23b. DATE <b>FEB-7-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PLAIN VIEW</b>		23d. LOCATION (City, town, or county) (State) <b>POLLOCK - MO</b>	
24. FUNERAL DIRECTOR <b>FO-Husted Son Undertaker</b>		ADDRESS <b>MO</b>		25. DATE RECD. BY LOCAL REG. <b>2-8-61</b>	26. REGISTRAR'S SIGNATURE <b>Marshall Durbin</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 7 1967

**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 Muel E. Sueder

Licensed Embalmer No. 0304

P. O. Address Amosville

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.