

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035207

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1189

STATE FILE NUMBER

OCT 14 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in lb
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Osteo. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN St. Joseph,

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural Route #1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

SUSIE

EMMA

SCHINDLER

4. DATE OF DEATH

Month October

Day 2,

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

June 28, 1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Cosby, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Linn Robinson

13b. MOTHER'S MAIDEN NAME

Blakeley

14. NAME OF HUSBAND OR WIFE

Calvin Schindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Calvin Wm. Schindler Jr. - St. Joseph, 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)

Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

10 months.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Intestinal carcinoma

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.

☐ 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 Feb. 1944 to October 2, 1963 and last saw her alive on October 1, 1963

Death occurred at 5:18 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.E. Maxwell, M.D.

22b. ADDRESS

3074 Main, Savannah, Mo.

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Oct. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 8, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

Print name 10-4-63

0
3
3
1
0
0
9

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

Edward C. Harrington

Licensed Embalmer No.

2208

P. O. Address

St. Joseph, 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.