

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33230**

BIRTH NO.		REG. DIST. NO. <b>53</b>	PRIMARY REG. DIST. NO. <b>3010</b>	Registrar's No. <b>349</b>
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>		
c. LENGTH OF STAY (In this place) <b>6 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>221 ELLIOTT AVE.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. FRANCIS HOSPITAL</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>CORENA</b>		b. (Middle) <b>ANN</b>		c. (Last) <b>SCHOEN</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 16 1949</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOVEMBER 6, 1912</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>36 11 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>NEAR CHAFFEE, MISSOURI U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>JOHN F. SCHEETER</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA AMRHEIN</b>		14. NAME OF HUSBAND OR WIFE <b>LEON SCHOEN</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>493-03-7837</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leon Schoen, Chaffee, Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombocytopenia (Acquired) 6 weeks.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe anemia - 6 months</b> DUE TO (c) <b>T.B. Left Lung (untreated) 2 yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>10-13-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Enlarged spleen.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>9-6, 1949</b> , to <b>10-16, 1949</b> , that I last saw the deceased alive on <b>10-16, 1949</b> , and that death occurred at <b>10:50</b> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau, Mo</b>		23c. DATE SIGNED <b>10-10-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 19, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Ambrose Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>CHAFFEE, MISSOURI</b>				
DATE REC'D BY LOCAL REG. <b>10-19-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P.C. Dimplinghoff - Chaffee, Mo.</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-24-49

Sanitary Health Officer No. 4

Sanitary File Number 1049-139

Date Filed

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

working under my personal supervision.

Student Embalmer No.

Signed Jack J. Burnett

Signed Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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 this body is not embalmed, fact should be so stated above.