

FILED JUL 24 1950

STANDARD CERTIFICATE OF DEATH

5069 State File No. 22704

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. _____ Registrar's No. 5354

0060

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Lamar Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Lamar Twp. 0060	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) Route 1 Lamar	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Gus b. (Middle) c. (Last) Schowengerdt			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 2, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness Maker		10b. KIND OF BUSINESS OR INDUSTRY Repair Shop	11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITY/TOWN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fred W. Schowengerdt	13b. MOTHER'S MAIDEN NAME Elizabeth Klausmeier	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Glen Wilson, Lamar, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal-Vascular Syndrome		INTERVAL BETWEEN ONSET AND DEATH 442X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Was found dead in bed about 8 AM, had no complaints of feeling badly.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.

23a. SIGNATURE C. E. Duesel	(Degree or title) M.D.	23b. ADDRESS Lamar Mo	23c. DATE SIGNED July 14, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri

DATE REC'D BY LOCAL REG. JUL 15 1950	REGISTRAR'S SIGNATURE Marie Kanantz	14	25. FUNERAL DIRECTOR'S SIGNATURE Clarence White	ADDRESS Lamar Mo
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DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750-821

Date Filed JUL 18 1950

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

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Chas. W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *Lanham Md*.....

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.