No. 300
10.48

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27840

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
c. LENGTH OF STAY (in this place): 3 1/2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MONROE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL"
d. STREET ADDRESS (If rural, give location): POLLOCK R. F. D. NO. 4

1050

3. NAME OF DECEASED (Type or Print)
a. (First): SHERYLYN
b. (Middle): JANE
c. (Last): SCHOONOVER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 15, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: OCTOBER 27, 1948
9. AGE (In years last birthday): 1 — If under 1 year: Months 9, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNIONVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES P. SCHOONOVER
13b. MOTHER'S MAIDEN NAME: THEDA E. NEILER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: JAMES P. SCHOONOVER — **ADDRESS**: POLLOCK, MO. R.F.D. No. 4

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis (Cerebro-Spinal) — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pertussis of 1 Month

DUE TO (c) Diphtheria Cap Pneumonia

Left Lobe pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

25 to 1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 11, 1950, *to* Aug 15, 1950, *that I last saw the deceased alive on* Aug 15, 1950, *and that death occurred at* 2:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas. L. Judd (Degree or title): D.O.M. **23b. ADDRESS**: Unionville Mo **23c. DATE SIGNED**: 8/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUGUST 16, 1950
24c. NAME OF CEMETERY OR CREMATORY: SCOBEE CEMETERY
24d. LOCATION (City, town, or county) (State): POLLOCK, MISSOURI

DATE REC'D BY LOCAL REG.: 8-24-50
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: COMSTOCK FUNERAL HOME BY John N. Comstock **ADDRESS**: UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: AUG 29 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50-1411
Date Filed: AUG 30 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.