

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36840

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Allamakee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waukon</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Caroline</u>	b. (Middle)	c. (Last) <u>Schoenthal</u>	(Month) <u>Nov.</u>	(Day) <u>28</u>	(Year) <u>1950</u>

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Waukon, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>George Wacker</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Schoenthal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Schoenthal</u>	ADDRESS <u>Waukon, Iowa</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>586 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous ruptured gall bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
19a. DATE OF OPERATION <u>11-27-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>General Peritonitis, ruptured spontaneous gall bladder</u>	
19c. DATE OF OPERATION		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) <u>Windsor</u>	(COUNTY) _____ (STATE) _____
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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?
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22. I hereby certify that I attended the deceased from 11-27, 1950, to 11-28, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 5:08 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kay B Jordan M.D.</u>	(Degree or title)	23b. ADDRESS <u>Windsor, Mo.</u>	23c. DATE SIGNED <u>11-28-50</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) <u>Waukon Iowa</u>	(State) _____
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DATE REC'D BY LOCAL REG. <u>Dec 1-1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>	ADDRESS <u>Windsor, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/4/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-4-50

DEC 20 1950

OCT 28 1954

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

*William M. Turney*

Licensed Embalmer No.

4048

P. O. Address

*Thunders, 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.