

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4303

State File No.

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4164</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Davies</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Davies</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alta Mont</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alta Mont</u> <u>0319</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Isabell</u> c. (Last) <u>Schoonover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-51</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-4-1873</u>	9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo D</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo Emmant</u>		13b. MOTHER'S MARRIAGE NAME <u>Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence Schoonover</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E Schoonover Alta Mont</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> <u>Several years</u> <u>331X</u>	
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) (Min.)		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 <u>2-6-</u> , <u>1951</u> , to <u>2-6</u> , <u>1951</u> , that I last saw the deceased alive on <u>2-6-</u> , <u>1951</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred K. Wilson MD</u>				23b. ADDRESS <u>Winston Mo</u>		23c. DATE SIGNED <u>2-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Air</u>		24d. LOCATION (City, town, or county) (State) <u>Alta Mont Mo</u>	
DATE REC'D BY LOCAL REG. <u>27 Febr. 1951</u>		REGISTRAR'S SIGNATURE <u>Regina M. Engelhardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Shoup</u>		ADDRESS <u>Winston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0310

No. 300
10-48



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.....

L. O. Richerson

Signed.....
Student Embalmer

Licensed Embalmer No. *3307*

P. O. Address.....

Gallatin, 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.