No. 300
10.48

FILED MAR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11694

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHAFFEE
c. LENGTH OF STAY (in this place) 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 122 HELEN AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHAFFEE 1001
d. STREET ADDRESS (If rural, give location) 122 HELEN AVE

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) c. (Last) SCHOEN

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2
8. DATE OF BIRTH 7-16-1877
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) NEW HAMBURG MO
12. CITIZEN OF WHAT COUNTRY? ✓

13a. FATHER'S NAME JOSEPH KLAUS
13b. MOTHER'S MAIDEN NAME NO RECORD
14. NAME OF HUSBAND OR WIFE MIKE SCHOEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Harold Schoen - Chaffee Mo ADDRESS

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES Malignancy involving
DUE TO (b)
DUE TO (c) Pneumonia Trans — 7 yrs

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

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

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION 153X
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 May 3, 1945, to Feb 7, 1952, that I last saw the deceased alive on Feb 6, 1952 and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE G. A. Sample (Degree or title) MD
23b. ADDRESS Chaffee Mo
23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIALU
24b. DATE 3-10-1952
24c. NAME OF CEMETERY OR CREMATORY ST. LAWERENCE
24d. LOCATION (City, town, or county) NEW HAMBURG (State) MO

DATE REC'D BY LOCAL REG. 3-13-52
REGISTRAR'S SIGNATURE Mrs Fred Bispling Lo 445-0
25. FUNERAL DIRECTOR'S SIGNATURE C. M. Stubb - Chaffee Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 17 195

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 352 - 80

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 .....

Licensed Embalmer No. 3810

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.