

5. No. 500
v. 10.48

MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17048

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5095 Registrar's No. 44

0500
1

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

1. PLACE OF DEATH a. COUNTY Jefferson County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold, Mo 0500	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.R. #1 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61, R.R. #1			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Schoen c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1952		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 3, 1873	9. AGE (In years last birthday) 79	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christ Schoen	13b. MOTHER'S MAIDEN NAME Anna Ellert	14. NAME OF HUSBAND OR WIFE Mary Schoen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mary Schoen, R.R. #1, Arnold, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Arnold Jefferson Mo
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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?
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22. I hereby certify that I attended the deceased from 9, 1951, to 5/5, 1952, that I last saw the deceased alive on 5/15, 1952, and that death occurred at 12 PM, from the causes and on the date stated above.

23a. SIGNATURE (Of doctor or title) O. A. Kerib M.D.	23b. ADDRESS Boonville	23c. DATE SIGNED 5/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	24d. LOCATION (City, town, or county) (State) Arnold, Mo.
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DATE REC'D BY LOCAL REG. 5-17-52	REGISTRAR'S SIGNATURE (RE) Ruth Jirsa 438	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave	ADDRESS
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAY 20 1952

MAY 26 1952

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 Oliver E. Fendley

Licensed Embalmer No. 4148

P. O. Address Lebanon

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.