0.300
0.48

60
1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28915

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARGYLE, MO.
c. LENGTH OF STAY (in this place): 220 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARGYLE, MO. 0760
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): SCHOENAUER
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): AUG. 15, 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 7, 1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 11, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RICHFOUNTIAN, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE SCHOENAUER
13b. MOTHER'S MAIDEN NAME: MARGARET SINGER
14. NAME OF HUSBAND OR WIFE: CUNIE EISTERHOLD

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. HENRY SCHOENAUER
ADDRESS: ARGYLE, MO

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) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis.
DUE TO (c) Arterio Sclerosis.

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 446X
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. 13, 1952, *to* Aug. 15, 1952, *that I last saw the deceased alive on* Aug. 15, 1952, *and that death occurred at* 12:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. W. Gerlach (Degree or title): D.O.
23b. ADDRESS: Meta, Mo.
23c. DATE SIGNED: Aug. 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: ST. ALOYIUS
24d. LOCATION (City, town, or county) (State): ARGYLE, MO.

DATE REC'D BY LOCAL REG.: Aug. 18. '52
REGISTRAR'S SIGNATURE: Gertrude M. Albers 232
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dull
ADDRESS: J. C, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson Atlantic

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.