S. No. 300
v. 10.48

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

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30750

State File No.

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. 22

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Saling
d. STREET ADDRESS (If rural, give location): RFD 2

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

4. DATE OF DEATH (Month) (Day) (Year): 10-3-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-23-1888
9. AGE (In years last birthday): 64 — If under 1 year: Months 6, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Woollam, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Gawer
13b. MOTHER'S MAIDEN NAME: Rosella Kramer
14. NAME OF HUSBAND OR WIFE: L. C. Schunemeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give year or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. L. C. Schunemeyer, Centralia, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 5 years
DUE TO (c) Chronic Congestive Heart failure — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional Melancholia — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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): Centralia Boone Mo.
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, 1952, *to* Oct, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 3:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Edmondson
(Degree or title): M.D.
23b. ADDRESS: Centralia, Mo
23c. DATE SIGNED: Oct 4, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-5-52
24c. NAME OF CEMETERY OR CREMATORY: Owensville Cemetery
24d. LOCATION (City, town, or county) (State): Owensville, Missouri

DATE REC'D BY LOCAL REG.: Oct. 4-1952
REGISTRAR'S SIGNATURE: Maud McBride 30-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bill O'Meeler, Centralia, Mo
(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1954

1951 6176

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address _____

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.