FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20975

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5225 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Cass	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Index Twp. c. LENGTH OF STAY (in this place) 6 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Index Twp. 0190
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile South of Gunn City	d. STREET ADDRESS (If rural, give location) 1 mile South of Gunn City

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H. c. (Last) SCHOENFELD

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1953

5. SEX Male 0

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH May 29, 1867

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Oil Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Petroleum Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles A Schoenfeld

13b. MOTHER'S MAIDEN NAME Dont Know

14. NAME OF HUSBAND OR WIFE Johanna Mary Schoenfeld

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. —

17. INFORMANT'S SIGNATURE OR NAME Mrs C.H. Bradley Sr. ADDRESS Laton 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 Sudden

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis

DUE TO (c) Senility

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 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)

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 _____, 1949, to June 25, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.*

23a. SIGNATURE Edward S. Jones (Degree or title) 0

23b. ADDRESS Harrisonville, Mo

23c. DATE SIGNED 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 27 1953

24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery

24d. LOCATION (City, town, or county) Harrisonville (State) Mo.

DATE REC'D BY LOCAL REG. June 28, 1953

REGISTRAR'S SIGNATURE Dora Barnard 457-9

25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgas ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 4
CASS COUNTY
HEALTH DEPARTMENT

JUN 4 1954

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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, Mo

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

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