

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21326

State File No. _____

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 596

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		d. STREET ADDRESS (If rural, give location) 1100 W. Division Street 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1100 W. Division Street 0							
3. NAME OF DECEASED a. (First) (Type or Print) MYRTLE			b. (Middle) VIRGINIA		c. (Last) SCHOEN		4. DATE OF DEATH (Month) (Day) (Year) June 21 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 24 August 1874		9. AGE (In years last birthday) 78 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME B. F. White			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul Turner Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION								48 Hours			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ATHEROSCLEROTIC HEART DIS.											
DUE TO (c)											
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 4200					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from NOV. 1949 , to JUNE 21, 1953 , that I last saw the deceased alive on JUNE 19, 1953 , and that death occurred at 10:50 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Blenn O. T. ... M.D.					23b. ADDRESS Springfield, Mo.			23c. DATE SIGNED 6/22/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-24-53		24c. NAME OF CEMETERY OR CREMATORY Cherryvale Cemetery			24d. LOCATION (City, town, or county) (State) Cherryvale Kansas				
DATE REC'D BY LOCAL REG. 6-22-53		REGISTRAR'S SIGNATURE Edith Williamson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

STATEMENT BY LICENSED EMBALMER

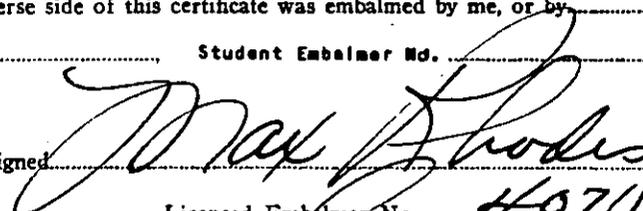
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Student Embalmer No.

working under my personal supervision.

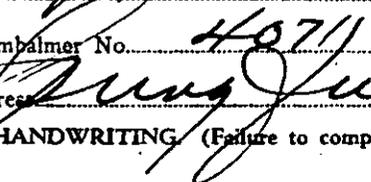
Student
Student Embalmer

Signed



Licensed Embalmer No. 40711

P. O. Address



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

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