

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25938

State File No. ....

FILED AUG 5 - 1953

BIRTH NO. ....		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>4496</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carstarphan's Lake</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Schoeneman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>August 8, 1934</u>	
9. AGE (In years last birthday) <u>18</u>		10. MONTHS <u>11</u>		11. DAYS <u>20</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>New London H.S.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Round Lake Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Arnold Carl Schoeneman</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Brown Schoeneman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498 34 9782</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arnold Carl Schoeneman</u> ADDRESS <u>New London</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death</u> ANTECEDENT CAUSES <u>Due to Drowning.</u> DUE TO (b) _____ 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 <u>E9298</u> <u>42</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Carstarphan Pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>New London Missouri</u> (STATE) <u>087</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 28, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowning</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. J. Willey</u>				23b. ADDRESS <u>Pennington, Ralls Co.</u>		23c. DATE SIGNED <u>7/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug-3-1953</u>		REGISTRAR'S SIGNATURE <u>Grace Conn</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Hannibal</u>		ADDRESS <u>Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1953

### 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

*John S. Ward*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.