

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**29000**

FILED AUG 21 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u> OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u> OR TOWN <u>Rural Prairie Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		d. STREET ADDRESS <u>City</u> (If rural, give location) <u>R. 1 Independence, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lydia</u>	b. (Middle)	c. (Last) <u>Schoonover</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 31 53</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 30 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Claton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Brink Holder</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Eluisa Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Henry Fallbex</u>	ADDRESS <u>St. Louis Mo</u>
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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, ashenia, 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) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerotic Heart Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		<u>1/200</u>

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) (Min.)	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 7-17-53, 1953, to 7-31, 1953, that I last saw the deceased alive on 7-31, 1953, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Square Reyna, M.D.</u> (Degree or title)	23b. ADDRESS <u>Professional Bldg K.C. Mo</u>	23c. DATE SIGNED <u>8-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 3 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kogher Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove R.F.D. Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/3/53</u>	REGISTRAR'S SIGNATURE <u>NB Dango</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>West Funeral Home</u>	ADDRESS <u>Oak Grove Mo</u>
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Licensed Embalmer's Statement on Reverse Side

RO With

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

SEP 4 1955

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 *R B [Signature]*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

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.