

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39626

State File No.

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5647 Registrar's No. 83

0550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Freistatt</u>		c. CITY OR TOWN <u>Freistatt</u>	
c. LENGTH OF STAY (in this place) <u>75 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Carl Doss Res.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carl Doss Res.</u>		e. STREET ADDRESS <u>Carl Doss Res.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>SCHOEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1953</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>June 26, 1878</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Freistatt, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fredrick Korff</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Doennig</u>		14. NAME OF HUSBAND OR WIFE <u>Otto Schoen (dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Doss</u>	
				ADDRESS <u>Freistatt, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITIVE HEART FAILURE</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION <u>CONGENITIVE HEART FAILURE</u> <u>Arteriosclerosis</u> <u>Diabetes mellitus</u>	
				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>10 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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 1-15, 1953, to 11-20, 1953 that I last saw the deceased alive on 11-20, 1953 and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Edwards M.D.</u>		23b. ADDRESS <u>Mount, Mo</u>		23c. DATE SIGNED <u>11-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Luthern</u>	
				24d. LOCATION (City, town, or county) (State) <u>Freistatt, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-23-53</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Buchanan</u>	
				ADDRESS <u>Mount, Mo</u>	

DEC 9 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 *J. R. Bushanov*

Licensed Embalmer No. *3179*

P. O. Address *Monttys*

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.