

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15483**

FILED MAY 24 1954

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5439		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Gasconade b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. §§ c. LENGTH OF STAY (in this place) §§ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Iron Road S. of Owensville				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp. 0370 d. STREET ADDRESS (If rural, give location) Bland, Mo. Route 0			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fred c. (Last) Schoen			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1954				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 5, 1892	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Marion County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Schoen		13b. MOTHER'S MAIDEN NAME Dena Wehmeyer		14. NAME OF HUSBAND OR WIFE Lucy Homfeldt Schoen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Calvin Schoen ADDRESS Owensville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to chest & abdomen ANTECEDENT CAUSES abdomen Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. None					INTERVAL BETWEEN ONSET AND DEATH Immediate
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident Iron Road - 2 miles S. of Owensville, Gasconade, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0370 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-15-54 1:45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision of two cars.			
22. I hereby certify that I attended the deceased from 5-15, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Paula Brunner, M.D. (Degree or title)				23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 5-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19, 1954		24c. NAME OF CEMETERY OR CREMATORY Leduc Cemetery		24d. LOCATION (City, town, or county) (State) south of Bland, Mo.	
DATE REC'D BY LOCAL REG May 20, 1954		REGISTRAR'S SIGNATURE Mrs. Maxine Jappmeyer 493		25. FUNERAL DIRECTOR'S SIGNATURE Michael H H Winter ADDRESS OWENSVILLE			

0370

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H. H. White

Licensed Embalmer No. 3838

P. O. Address OWEN SUILLE

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.