

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33393

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3016 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>6 weeks</u>	c. CITY OR TOWN <u>Milan</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>In Town 1050 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Danna</u> b. (Middle) <u>M.</u> c. (Last) <u>Schoene</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14-1904</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 4 HRS. Hours <u></u> Mins. <u></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 <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Milan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Allen Dealap</u>	13b. MOTHER'S MAIDEN NAME <u>Elfie Svirct</u>	14. NAME OF HUSBAND OR WIFE <u>Dwight B. Schoene</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dwight B. Schoene</u> ADDRESS <u>Milan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 MOS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma, Lung, left</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>With generalized Metastasis</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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>103 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 3-29 1954 to 10-25 1954, that I last saw the deceased alive on 10-25 1954, and that death occurred at 6:50 P.M., from the causes and on the day stated above.

23. SIGNATURE (Degree or title) <u>Rendall O. Clark, M.D.</u>	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>10-25-54</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Oct 26-1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Amulson - Jerry</u> ADDRESS <u>J.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 28 1958

AUG 1 1958

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.....
Signature of Student Embalmer

Signed. *J. H. Anderson*.....

Licensed Embalmer No. 364.....

P. O. Address *J. H. Anderson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.