

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34657**

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>8046</u>		Registrar's No. <u>80</u>		
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>				
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California</u>		d. STREET ADDRESS (If rural, give location) <u>068/ Versallie Ave 0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Versallie Ave</u>								
3. NAME OF DECEASED a. (First) <u>MATILDA</u> (Type or Print)			b. (Middle) <u>MARGARET SCHOENTHAL</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15, 1954</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>Sept 28, 1874</u>		
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>		IF UNDER 12 HRS. Hours <u></u> Min. <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			11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Emhardt Ehardt Roedel</u>		13b. MOTHER'S MAIDEN NAME <u>Muri</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Schoenthal</u>	
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>Roy Schoenthal</u> ADDRESS <u>Jameton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u>				<u>2 yrs</u>		
		DUE TO (c) <u>Chronic Hypertension</u>				<u>2 yrs.</u>		
		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 type="checkbox"/> NO <input checked="" 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) <u>California Moniteau Mo</u>				
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 <u>10-14</u> , 19 <u>54</u> , to <u>10-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>54</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R.S. Fulks, M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>10-16-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>rural</u>		24b. DATE <u>Oct 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Jameton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-17-54</u>		REGISTRAR'S SIGNATURE <u>N.L. Poppey 506</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California Mo</u>				

068/

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

SEP 26 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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mex

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.