

FILED JUL 10 1956

STANDARD CERTIFICATE OF DEATH

19505

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. LENGTH OF STAY (in this place) 5 Days		c. CITY OR TOWN Freistatt		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital				f. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) U.		c. (Last) SCHONER	
4. DATE OF DEATH June 24, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 28, 1883		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 26		IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Schomer		13b. MOTHER'S MAIDEN NAME Celina Keeling		14. NAME OF HUSBAND OR WIFE Minnie Lehde Schoner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Schoner ADDRESS Freistatt, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiplegia, Peptic ulcer, Joints of the DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary insufficiency				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 5 days 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5401	
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 <u>June 23, 1956</u> , to <u>June 24, 1956</u> , that I last saw the deceased alive on <u>June 23, 1956</u> , and that death occurred at <u>3:42 a.m.</u> (from the causes and on the date stated above).							
23a. SIGNATURE (Degree or title) Robert P. Bouley M.D.		23b. ADDRESS Monett, Mo		23c. DATE SIGNED June 24, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/27/56		24c. NAME OF CEMETERY OR CREMATORY Freistatt		24d. LOCATION (City, town, or county) (State) Freistatt, Missouri	
DATE REC'D BY LOCAL REG. 6-30-56		REGISTRAR'S SIGNATURE Mrs. P. N. Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. D. Buchanan Monett, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 756-109

DATE REC. 7-2-56

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. D. Burham

Licensed Embalmer No. 3179

P. O. Address Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.