

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

20229

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 612

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY Greene  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Greene |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN Springfield  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN Rural   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION Handley Hospital   |   | Length of stay in lb<br>3 days  | d. STREET (If outside, give location)<br>ADDRESS Strafford R.F.D. 2   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>LeRoy Franklin Schenk  |   |   | 4. DATE OF DEATH<br>Month Day Year<br>July 3, 1956  |  |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 31, 1951  | 9. AGE (In years last birthday)<br>5                             | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>None  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>None   | 11. BIRTHPLACE (City and state or country)<br>Cedar Creek, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |
| 13. FATHER'S NAME<br>Clarence Schenk   |   |   | 14. MOTHER'S MAIDEN NAME<br>Mildred Marler  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |   | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT<br>Address<br>Clarence Marler, Strafford, Mo. Rt. 2   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <del>Hypertension</del> <i>convulsive encephalopathy</i><br>DUE TO (b) <i>Hypertension</i><br>DUE TO (c) <i>Chromocytoma of the pituitary gland</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><i>anemia</i> |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                |  |   |
| 20c. TIME OF INJURY<br>Hour - Month, Day, Year<br>a. m.<br>p. m.   |   |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   | STATE   |
| 21. I attended the deceased from 6-30-56, to 7-1-56 and last saw him alive on 7-1-56<br>Death occurred at 11:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.  |   |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br>David A. Thompson MD   |   |   | 22b. ADDRESS<br>1630 Jefferson<br>Springfield, Mo.  |  | 22c. DATE SIGNED<br>7-6-56  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>5 July 1956  | 23c. NAME OF CEMETERY OR CREMATORY<br>McCarty Cemetery  |   | 23d. LOCATION (City, town, or county)<br>Taney County, Missouri. | (State)   |
| 24. FUNERAL DIRECTOR<br>Ralph L. Lane Springfield, Mo  |   | ADDRESS<br>Springfield, Mo  | 25. DATE RECD. BY LOCAL REG.<br>7-6-56  | 26. REGISTRAR'S SIGNATURE<br>Edith Williamson                    |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

D.V. Tomlinson

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Lee Mason*

Licensed Embalmer No. *4*

P. O. Address *Spring*

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.