

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025780

STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3317

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Length of stay in 1b 43 YEARS	d. STREET ADDRESS (If outside, give location) 3843 ROBERTS
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN SCHONOVER			4. DATE OF DEATH Month Day Year JULY 2-1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 8-1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-4 YEARS	10b. KIND OF BUSINESS OR INDUSTRY JONES STORE CO.	11. BIRTHPLACE (City and state or country) WESTBORO OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN SCHONOVER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MRS. DYCEA J. SCHONOVER
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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. 495-10-2147	17. INFORMANT Mrs. DYCEA J. SCHONOVER	Address 3843 ROBERTS KANSAS CITY, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease (congestive)</u>		INTERVAL BETWEEN ONSET AND DEATH 10 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b)	11 57
	DUE TO (c)	4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 1953 to 7/2/58 and last saw him alive on 7/2/58 Death occurred at 9:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W. B. Mc Cunniff	22b. ADDRESS 831 Maple St	22c. DATE SIGNED 7/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 4, 1958	23c. NAME OF CEMETERY OR CREMATORY NEWKIRK CEMETERY	23d. LOCATION (City, town, or county) (State) NEWKIRK OKLAHOMA
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24. FUNERAL DIRECTOR D.W. NEW COMER'S SONS	ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-5-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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W. B. Mc Cunniff

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

200 2-9581

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

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address *Independence, MO*

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.