

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039130
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 47

Primary Registration District No. 5169

Registrar's No. 254

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 9 mile Rrairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bellflower Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 40		Length of stay in lb nil	d. STREET ADDRESS (If outside, give location) 0700 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Herman Schowengerdt			4. DATE OF DEATH Month Nov. Day 17, Year 1958
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 Feb. 5, 1894
9. AGE (In years as of birthday) 64		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Montgomery County Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Wm. Schowengerdt	
13b. MOTHER'S MAIDEN NAME Caroline Strack		14. NAME OF HUSBAND OR WIFE Juanita Schowengerdt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I		16. SOCIAL SECURITY NO. 197 09 3698	17. INFORMANT Address John Schowengerdt Bellflower Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Bleeding and Shock			INTERVAL BETWEEN ONSET AND DEATH Inst.
DUE TO (b) Crushed Thorax			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lacerations of Face and Chest			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Two Car Collision Head on		
20c. TIME OF INJURY Hour Month, Day, Year 10:30 p.m. 11 17 58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway	20f. CITY, TOWN, OR LOCATION 1:7 Mi. E. Hiway 2 on 40 Callaway Mo	COUNTY STATE 014
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10:30 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. A. Stewart</i> (Degree or title) Coroner		22b. ADDRESS Fulton Missouri	22c. DATE SIGNED 11/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 21/58	23c. NAME OF CEMETERY OR CREMATORY Bellflower	23d. LOCATION (City, town, or county) (State) Bellflower Missouri.
24. FUNERAL DIRECTOR <i>Wm. A. Stewart</i> ADDRESS Fulton Mo.		25. DATE RECD. BY LOCAL REG. Nov. 22-1958	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 25 1958

DEC 18 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. J. Passari*
Licensed Embalmer No. *2655*
P. O. Address *Arden*

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.