Health, Welfare Public Service

300 -57

4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008971
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) UNION — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) REST HOME — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION 0361 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) W. PARK AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIE Middle Last SCHOENFELT

4. DATE OF DEATH Month MARCH Day 19 Year 1959

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH OCT. 4, 1893

9. AGE (In years last birthday) 65 — 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) LABORER

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) UNKN OWN 9

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-28-8158

17. INFORMANT MRS. EVELYN JOHNSON Address ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1958, to 3.19.59 and last saw ~~her~~ him alive on 3.19.59
Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. M. Lenny M.D. 0

22b. ADDRESS Union Mo

22c. DATE SIGNED 3.20.59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAR 22, 1959

23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY

23d. LOCATION (City, town, or county) UNION (State) MO.

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.

25. DATE RECD. BY LOCAL REG. 3/28/59

26. REGISTRAR'S SIGNATURE F. P. Tiedmann G. L. Tiedmann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.