

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017290

STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 119

Primary Registration District No. 5435

5-436

Registrar's No. 25

300
1-57

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOEUF TWP		c. CITY OR TOWN BOEUF TWP	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SWISS		d. STREET ADDRESS (If outside, give location) 0370 11 mi. S. OF HERMANN	
Length of stay in lb 4 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUIS Middle FRITZ Last SCHOENING			4. DATE OF DEATH Month MAY Day 31 Year 1959
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH DEC. 28-1907
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) SWISS Mo
10b. KIND OF BUSINESS OR INDUSTRY FARM		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ferdinand Schoening		13b. MOTHER'S MAIDEN NAME Lydia Boesch	
14. NAME OF HUSBAND OR WIFE ✓		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.		17. INFORMANT MRS. LeRoy Kroll, Swiss 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) SHOT WOUND - RIGHT TEMPLE OF CRANIUM - SELF INFLICTED			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Hour UNKNOWN a.m. 5/31/59 p.m.		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, -ctory, street, office bldg., etc.) HOME BASEMENT		20f. CITY, TOWN, OR LOCATION SWISS GASCONADE Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugo H. Blom (Degree or title) 3		22b. ADDRESS HERMANN Mo	
22c. DATE SIGNED 6/1/59			
23a. BURIAL, CREMATION, REMOVAL (specify) BURIAL		23b. DATE 6/4/1959	
23c. NAME OF CEMETERY OR CREMATORY ST. JOHN CEMETERY		23d. LOCATION (City, town, or county) (State) SWISS Mo	
24. FUNERAL DIRECTOR HUGO H. Blom ADDRESS HERMANN Mo		25. DATE RECD. BY LOCAL REG. 6-3-59	
26. REGISTRAR'S SIGNATURE Delma Uffelman			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

social, coroner, etc. must use only standard nomenclature in item 10. No symptoms written be stated. 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 *Charles D. Pope*

Licensed Embalmer No. *2552*

P. O. Address *Herrmann, D.*

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.