

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004897
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 54

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan County</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in lb <u>2 days</u>	c. CITY OR TOWN <u>Milan, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Dwight</u> Middle <u>Burchett</u> Last <u>Schoene</u>	4. DATE OF DEATH Month <u>Feb</u> Day <u>24</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-20-91</u>	9. AGE (last birthday) <u>69 70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 24 HR Hours <u>6</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Home</u>	11. BIRTHPLACE (City and state or country) <u>Milan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles A. Schoene</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Ingersoll</u>	14. NAME OF HUSBAND OR WIFE <u>Dona D. Schoene</u>
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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) <u>yes W W #1</u>	17. INFORMANT <u>Clell Cox, Milan, Missouri</u> Address
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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>Peritonitis, acute, Fibrino Purulent 6 hrs.</u> DUE TO (b) <u>Perforated duodenal Ulcers (2) 6 hrs</u> DUE TO (c) <u>Carcinoma, Pancreas with metastasis to Liver, Adrenals + Nodes.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemorrhagic gastritis acute; Bronchial Asthma</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>1:45</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>5-17-1954</u>	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.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u> COUNTY <u>Miller</u> STATE <u>Mo</u>
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21. I attended the deceased from <u>5-17-1954</u> to <u>2-24-1961</u> and last saw him alive on <u>2-24-1961</u> Death occurred <u>1:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deceased's title) <u>Rendall G. Clark, M.D.</u>	22b. ADDRESS <u>Jefferson City, MO</u>	22c. DATE SIGNED <u>2-24-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Milan, Missouri</u>
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24. FUNERAL DIRECTOR <u>Schoene Funeral Home, Milan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>28 Feb. 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris - R.D. Richter, Secy.</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

MAR 22 1961

APR 18 1961

SEP 22 1961

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

Bill McLaughlin

Student Embalmer No.

620

working under my personal supervision.

Student

Bill McLaughlin

Signature of Student Embalmer

Signed

Joseph Jordan

Licensed Embalmer No.

1726

P. O. Address

Jeff City 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.