

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043796

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 55

FILED JAN 15 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Caldwell	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton	a. STATE Missouri	b. COUNTY Daviess
Length of stay in 1b 1 Day		c. CITY OR TOWN Rural Liberty Twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Nursing Home		d. STREET ADDRESS 1 Mi. South Altamont	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Mary	Middle Oma	Last Schoonover	4. DATE OF DEATH	Month December	Day 30	Year 1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-16-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Daviess Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Wallace	13b. MOTHER'S MAIDEN NAME Emily Swisher	14. NAME OF HUSBAND OR WIFE (Dec'd) Chas. Schoonover
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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. None	17. INFORMANT Truman Schoonover, Altamont, 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:	INTERVAL BETWEEN ONSET AND DEATH Died suddenly
IMMEDIATE CAUSE (a) Pulmonary embolus	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - Myocarditis	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from March 10 1942 to Dec. 30, 1961 and last saw ^{her} ~~him~~ alive on Dec. 30, 1961
Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred W. Wilson M.D.	(Degree or title)	22b. ADDRESS Winston, Missouri	22c. DATE SIGNED 1-1-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	23d. LOCATION (City, town, or county) (State) Altamont, Missouri
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FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-8-62	26. REGISTRAR'S SIGNATURE Lady Jones
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Ballatin,

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.