

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046008

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1448

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 8150

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4 1

5 0

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7 1

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9 4200

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12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

E. Peterson, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 9 DAYS	c. CITY OR TOWN WATHENA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 106 FREMONT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle - Last SCHOENFELDER			4. DATE OF DEATH Month DECEMBER Day 14 Year 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 25, 1885 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) WATHENA, KANSAS 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOSEPH F. SCHOENFELDER		13b. MOTHER'S MAIDEN NAME MARY SCHMIEDER	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. NONE	17. INFORMANT Address MISS MARGARET SCHOENFELDER - WATHENA, Ks.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease with decompensation, irreversible</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 70+ years - 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
21. I attended the deceased from <u>1957</u> to <u>Dec 14, 1962</u> and last saw her/him alive on <u>Dec 14, 1962</u> Death occurred at <u>2:08 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Peterson, M.D.</i> (Degree or title)		22b. ADDRESS <i>Wathena, Kansas</i>	22c. DATE SIGNED <i>1/22/63</i> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DECEMBER 14, 1962	23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY	23d. LOCATION (City, town, or county) WATHENA KANSAS
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME ADDRESS WATHENA, KANSAS	25. DATE RECD. BY LOCAL REG. <i>Dec. 28, 1962</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1963
JAN 7 1963

Permit issued 12/17/62

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 M. Harman

Licensed Embalmer No. 4487

P. O. Address Waltham, KS

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.