S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35148

Registration District No. 218 Primary Registration District No. 5308 Registrar's No. 108

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town LAMINE (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town LAMINE (RURAL)
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES JAMES SCHOUTEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA BELLE SCHOUTEN

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased OCTOBER (Month) 17 (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 22 If less than one day hr. min.

9. Birthplace WARSAW (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation FARMER 1

11. Industry or business FARM 1

FATHER
12. Name JAMES SCHOUTEN 1
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELECTRA BUELL
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant MRS EMMA BELLE SCHOUTEN
(b) Address LAMINE, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 11-1940 (Month) (Day) (Year)
(c) Place: burial or cremation OLD LAMINE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) 10-9-40 (Date received local registrar) (b) D. E. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 9th year 1940 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1940 to ~~Sept. 3~~ Oct 9, 1940 that I last saw him alive on Sept. 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration Aug. 30

Due to Generalized Arterio-Sclerotic Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 95 P

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Aubrey H. Wells (M. D. ~~or other~~) 1
Address Boonville, Mo. Date signed 10-9-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-6-40

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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 this body is not embalmed, above space should be left blank.