

No. 300  
10.48

FILED JUN 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Linton 20819  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove 1480	
c. LENGTH OF STAY (In this place) 59yr		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Daddie Lola Schoonover			4. DATE OF DEATH (Month) (Day) (Year) May-17-1952		
---	--	--	--	--	--

5. SEX F m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar-4-1872	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min. 80 2 13
---------------	-----------------------	---	--------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oak Grove Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Shed Snider	13b. MOTHER'S MAIDEN NAME Maxene Campbell	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bryon Schoonover	ADDRESS Oak Grove Mo
--	-------------------------	---	-------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mos.  10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Jan/ 1871, to May, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE P. J. ...	23b. ADDRESS Oak Grove Mo	23c. DATE SIGNED 5-19-52
-----------------------------	------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May-19-52	24c. NAME OF CEMETERY OR CREMATORY Kogher Cemetery	24d. LOCATION (City, town, or county) (State) Oak Grove Mo
---	------------------------	---	---

DATE REC'D BY LOCAL REG. 5-19-52	REGISTRAR'S SIGNATURE Arnold C. Eamshaw	378	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Funnell	ADDRESS Home Oak Grove Mo
-------------------------------------	--	-----	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 18 REC'D

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*R B Webb*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Bluspringe

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, fact should be so stated above.