

U.S. No. 500
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21480

State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Fields</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Fields</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Rural Spring Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Spring Creek</u>	
c. LENGTH OF STAY (In case of institution) <u>5 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>4520 1/2 Edgar Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-52</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Joseph Frederick Schenk</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>4-8-1951</u>		9. AGE (In years last birthday) <u>1-2-12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Frederick Schenk Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Massey</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Schenk Jr., Edgar Springs</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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 6-13, 1952, to 6-20, 1952 that I last saw the deceased alive on 6-14, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Reed, M.D.</u> (Degree or title)		23b. ADDRESS <u>Licking Mo 64019</u>		23c. DATE SIGNED <u>6/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Map 37 Sect 3-Pr 9 - Phil Co</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>		ADDRESS <u>Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 21, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		ADDRESS	

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

0870
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JUN 24 1952

County File Number _____
Date Filed 6-23-53

not signed by student

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
Student Embalmer

Signature

Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Richmond 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, fact should be so stated above.