

AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28278
Registrar's No. 3686

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson / | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5837 E. 10th St. | | d. STREET ADDRESS (If rural, give location) 5837 E. 10th St. | |

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|---|---------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) S. Schoonover c. (Last) Schoonover | | | 4. DATE OF DEATH (Month) (Day) (Year) 8 18 52 | | |
| 5. SEX Male <input checked="" type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH June 20 1870 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Self | | 11. BIRTHPLACE (State or foreign country) Neb. / | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Henry Schoonover | | 13b. MOTHER'S MAIDEN NAME Martha Huston | | 14. NAME OF HUSBAND OR WIFE Widowed | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 487-12-9468 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby James K. C. Missouri | |

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|---|---|---------------------------------------|--|---|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General Anasarca</i> | | | |
| 19a. DATE OF OPERATION X | | 19b. MAJOR FINDINGS OF OPERATION X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|--|--|---|--|
| 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) m. | | 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 *Mar 24, 1952* to *Aug 17, 1952*, that I last saw the deceased alive on *Aug 17, 1952*, and that death occurred at *10:30, m.*, from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE <i>Frank E. Day</i> | | 23b. ADDRESS <i>4314 E. 9th St. K.C. Mo.</i> | | 23c. DATE SIGNED <i>8-18-52</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE <i>8/20/52</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>White Oak Cem.</i> | |
| 24d. LOCATION (City, town, or county) <i>Pickering, MO.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Earp & Sons Kansas City Mo.</i> | | | |
| DATE REC'D BY LOCAL REG. <i>8-18-52</i> | | REGISTRAR'S SIGNATURE <i>Sheralding Holmes</i> | | | |

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

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1/1/1916

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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

Signed

John B. Camp
Licensed Embalmer No. 9955
P. O. Address R. C. 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.