

540

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 63

1. PLACE OF DEATH
 a. COUNTY Lafayette
 b. CITY (If outside corporate limits, write BUREAU OF HEALTH and give township) OR TOWN On way to hospital
 c. LENGTH OF STAY (in this place) One mile
 d. FULL NAME OF HOSPITAL OR INSTITUTION Highway # 24 Lexington, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Lafayette
 c. CITY (If outside corporate limits, write BUREAU OF HEALTH and give township) OR TOWN Rural Wellington
 d. STREET ADDRESS (If rural, give location) 3 miles south west Wellington

3. NAME OF DECEASED (First) Arthur (Middle) Adolph (Last) Schoening
 (Type or Print) Arthur Adolph Schoening

4. DATE OF DEATH (Month) (Day) (Year)
July 5-1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
April 12, 1892

9. AGE (In years last birthday) 62 62 62 62 62
 Months 62 Days 62 Hours 62 Min. 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (State or foreign country)
Gasconade County, Missouri

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Fernand Schoening

13b. MOTHER'S MAIDEN NAME
Lydia Bosch

14. NAME OF HUSBAND OR WIFE
Anne Schoening

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Anne Schoening Wellington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
 ANTECEDENT CAUSES Did in general have entrance to
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Myocardial infarction
 DUE TO (c) Had started to work
 II. OTHER SIGNIFICANT CONDITIONS Clots from a trucking operation
Disrupted pain in chest, went
to the hospital, collapsed & died
before he reached the hospital

INTERVAL BETWEEN ONSET AND DEATH
acute
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
No surgery

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
no

21b. PLACE OF INJURY (Spec. to or about home, farm, factory, street, office bldg., etc.)
no

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
Wellington Lafayette Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
no

21e. INJURY OCCURRED WHILE AT WORK? (Specify)
 WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
no

22. I hereby certify that I attended the deceased from after he died on, to 7-5-54, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
M Martin M Coronet

23b. ADDRESS
Odessa Mo

23c. DATE SIGNED
7-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7/7/1954

24c. NAME OF CEMETERY OR CREMATORY
St. Lukes Evan. Church

24d. LOCATION (City, town, or county) (State)
Wellington, Mo.

DATE REC'D BY LOCAL REG.
7-9-54

REGISTRAR'S SIGNATURE
Norman E. Suckewald

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. B. Sheppard Wellington, Mo.

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

SEP 28 1954

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.....
Student Embalmer

Signed

J. C. Sheppard

Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.