

No. 300  
10-48

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34205

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u>	
c. LENGTH OF STAY (in this place) <u>69</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. south of Chamois</u>			

3. NAME OF DECEASED a. (First) <u>ERNST</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SCHOWENGERDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 55</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>24 Aug-1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>BERGER, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FREDERICK SCHOWENGERDT</u>	13b. MOTHER'S MAIDEN NAME <u>Wilamina Kallmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Findley Schowengerdt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>50046-3509</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS Alma Schowengerdt</u> ADDRESS <u>Chamois</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> <u>6 mo. to 1 yr.</u> <u>10 to 20 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteria sclerosis (Corary)</u> DUE TO (c) <u>Generalized Arteria sclerosis</u>		
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 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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 22 - 1954, to Oct. 13 - 1955, that I last saw the deceased alive on 10-9 - 1955, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth, D.O.</u>	23b. ADDRESS <u>Chamois, Mo.</u>	23c. DATE SIGNED <u>4-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Chamois Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-24-56</u>	REGISTRAR'S SIGNATURE <u>Anna Moran</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Drayes</u> ADDRESS <u>Chamois Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Stanley E. Dwyer*

Licensed Embalmer No. *4639*

P. O. Address *Channahon, 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.