

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9695
Registrar's No. 48

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667

1. PLACE OF DEATH a. COUNTY <u>Lincoln County</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Rural Bedford</u> township)	c. LENGTH OF STAY (In this place) <u>1 1/2 Hr.</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>4 1/2 North East of Troy MO.</u> <u>657R0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Enoch</u>	b. (Middle) <u>William</u>	c. (Last) <u>Schloeman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 21, 1879</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>11</u> Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright City MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Enoch Schloeman</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Mestmaker</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Schloeman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Schloeman</u> ADDRESS <u>Troy MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VENTRICULAR FIBRILLATION</u>		<u>12 HRS</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INFARCTION</u> DUE TO (c) <u>ARTERIOSCLEROTIC H.T. DIS.</u>		<u>2 1/2 HRS</u> <u>2 HRS</u>
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"/>
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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)	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 OCT 1955, to April 2, 1956, that I last saw the deceased alive on 4/2, 1956, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. P. H. Heltzel M.D.</u>	23b. ADDRESS <u>380 + wood, Troy, MO</u>	23c. DATE SIGNED <u>4/6/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Bay</u> ADDRESS <u>Troy MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Wayne McCoy*.....
Licensed Embalmer No. 3586

P. O. Address Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.