

FILED NOV 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34633

State File No.

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

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). —a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give town) Lexington		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Odessa		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Home			e. STREET ADDRESS (If rural, give location) S. of 40 Hwy		
3. NAME OF DECEASED (Type or Print) a. (First) #ANTON	b. (Middle) HENRY	c. (Last) SCHOWENGERDT	f. DATE OF DEATH (Month) (Day) (Year) October 21 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 24, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR 7 Months 27 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY labor	11. BIRTHPLACE (City and State or Foreign Country) Berger, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Martin E. Schowengerdt		13b. MOTHER'S MAIDEN NAME Rosa Catherine Carl	14. NAME OF HUSBAND OR WIFE Gladys Macklin (divorced)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or date of service) World War I	16. SOCIAL SECURITY NO. 495-05-9661	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin Schowengerdt Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Metastatic years
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)		4200	
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 12, 1956 , to Oct. 21, 1956 , that I last saw the deceased alive on Oct 12, 1956 , and that death occurred at 10 A m. , from the causes and on the date stated above.					
23a. SIGNATURE W. Koppelman (Degree or title) M.D.			23b. ADDRESS Higginsville Mo.		23c. DATE SIGNED Oct 22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-56	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.		
DATE REC'D BY LOCAL REG. 10-26-56	REGISTRAR'S SIGNATURE Wm. E. Ashburn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forest R. Hofer Higginsville, Mo.		

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.....
Signature of Student Embalmer

Signed *Faust P. Hoefen*.....

Licensed Embalmer No... 4801

P. O. Address... Higginsville,

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.