

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044616

STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 3

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Turner Rest Home		d. STREET ADDRESS (If outside, give location) 423 E. 23rd	
3. NAME OF DECEASED (Type or print) First Middle Last George Henry Schoneberg		4. DATE OF DEATH Month Day Year December 18, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 19, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired railroad		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME George William Schoneberg		13b. MOTHER'S MAIDEN NAME Mary Faschnacht	14. NAME OF HUSBAND OR WIFE Anna Marie Schoneberg
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.	17. INFORMANT George H. Schoneberg Address Topeka, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10/9/58</u> to <u>12/18/58</u> and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>J. A. Kilbave</u> (Degree or title)		22b. ADDRESS 521 W. 4th., Joplin, Mo.	
22c. DATE SIGNED 12/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-21-1958	
23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		23d. LOCATION (City, town, or county) (State) Webb City Missouri	
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City Mo.		25. DATE RECD. BY LOCAL REG. 1-2-1959	
26. REGISTRAR'S SIGNATURE <u>Doore Merriam</u>			

All diseases in Part I must be causally related. No symptoms will be listed.

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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 *Richard M. Lewis*

Licensed Embalmer No. *4403*

P. O. Address *Walt City*

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.