

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016867  
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 575

300  
-57

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>WATHENA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSP.</b>		Length of stay in lb <b>15 HOURS</b>	815-8 STREET ADDRESS (If outside, give location) <b>---</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>VINCENT</b> Middle <b>SIGMUND</b> Last <b>SCHOENFELDER</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>29</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 25, 1912</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months Days <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM LABORER</b>	11. BIRTHPLACE (City and state or country) <b>WATHENA, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN SCHOENFELDER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY SCHNEIDER</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>JOHN SCHOENFEEDER</b>	Address <b>WATHENA, KANSAS</b>
--	--	---	-----------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic failure</b> DUE TO (b) <b>Cirrhosis of Liver</b> DUE TO (c) <b>Wilson's Hepato-entiacular Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b> <b>2 yrs</b> <b>8 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>355X</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 3-12-56 to 5-29-59 and last saw her alive on 5-29-59  
Death occurred at 12:30 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Wathena, Mo</b>	22c. DATE SIGNED <b>6/1/59</b>
---	------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5/29/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. CALVERY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WATHENA, KANSAS</b>
---	-------------------------------	---	---

24. FUNERAL DIRECTOR <b>HARMAN FUNERAL HOME-WATHENA, KANSAS</b>	25. DATE RECD. BY LOCAL REG. <b>June 2, 1959</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	---	---

(Licensed Embalmers' Statement on Reverse Side)

All diseases in Part I must be causally related.  
MEDICAL CERTIFICATION  
Dr. Ewan Peterson

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.