

**FEDERAL BUREAU OF INVESTIGATION**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039217**

**FILED VS NOV 23 1959**

**53**

Registration District No. **3010**

Primary Registration District No. **428**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>CAPE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY OR TOWN <b>ADVANCE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CLARENCE CLEM SCHONHOFF</b>			4. DATE OF DEATH Month Day Year <b>NOVEMBER 12 1959</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-28-1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>14</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BOOKKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HARDWARE</b>	11. BIRTHPLACE (City and state or country) <b>ADVANCE, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>JOHN HENRY SCHONHOFF</b>	13b. MOTHER'S MAIDEN NAME <b>TERESA GATZ</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN C. SCHONHOFF</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495051758A</b>	17. INFORMANT <b>HELEN SCHONHOFF</b> Address <b>ADVANCE, Mo.</b>
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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>Coronary occlusion and with myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b></b>	
	DUE TO (c) <b></b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY - Hour a.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <b>11/11/59</b> to <b>11/12/59</b> and last saw him alive on <b>11/12/59</b> Death occurred at <b>10:40 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. H. Kern</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Cape Girardeau, Mo</b>	22c. DATE SIGNED <b>11/18/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11-14-59</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Morgan</b>	23d. LOCATION (City, town, or county) <b>Advance</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>W. H. Morgan</b> ADDRESS <b>Advance, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 W<sup>m</sup> H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advantage, Va

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.