

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000438

FILED VS JAN 11 1960

Registration District No. 042 Primary Registration District No. _____ Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rush Twps.		Length of stay in 1b		c. CITY OR TOWN WATHENA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-Way 59, 6mi so. St. Joseph			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS R.R.#1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last WALLACE JOSEPH SCHOENFELDER				4. DATE OF DEATH Month Day Year JANUARY 1, 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAY 28, 1938	9. AGE (last birthday) 21		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER		11. BIRTHPLACE (City and state or country) WATHENA, KANSAS		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME ALBERT SCHOENFELDER			13b. MOTHER'S MAIDEN NAME ELIZABETH SHALZ		14. NAME OF HUSBAND OR WIFE --				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES NOV. 1957 TO AUG. 1959			16. SOCIAL SECURITY NO. 498-42-2989		17. INFORMANT Address Mr. Eugene Schoenfelder-Wathena, Ks.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage							INTERVAL BETWEEN ONSET AND DEATH at once		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Left side of skull missing + fracture of right shoulder					at once		
		DUE TO (c) 2 car collision							
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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) one car found north on south bound on cal. on							
20c. TIME OF INJURY Hour 1:45 a.m. Month, Day, Year Jan-60	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) freeway		20f. CITY, TOWN, OR LOCATION Buchanan MO					STATE MO	
21. I attended the deceased from treasured body and last saw him on Jan 1-60 Death occurred at 1:45 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) Dr. E. Melney M.D. Coronor				22b. ADDRESS 21 S. Kirkpatrick St Joe MO			22c. DATE SIGNED 1-5-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JANUARY 1, 1960		23c. NAME OF CEMETERY OR CREMATORY MOUNT CALVERY		23d. LOCATION (City, town, or county) WATHENA, KANSAS		(State)	
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME				ADDRESS WATHENA, KANSAS		25. DATE RECD. BY LOCAL REG. Jan 6, 1960		26. REGISTRAR'S SIGNATURE Mr. Clark Goodell	

DOCUMENT

MEDICAL CERTIFICATION
S.E. Melney M.D.

BY AFFIDAVIT OF

MAR 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Farman

Licensed Embalmer No. 4487

P. O. Address Watkins

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.