

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-024044**

**FILED VS. JUN 21 1960**

**274**

Registration District No. **274** Primary Registration District No. **3052**

Registrar's No. **212**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Pettis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sedalia</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Pettis</b>	
Length of stay in lb <b>2 mo.</b>		c. CITY OR TOWN <b>LaMonte</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sedalia Rest Home</b>				d. STREET ADDRESS (If outside, give location) <b>LaMonte</b>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Elizabeth</b>		Middle <b>Magnus</b>		Last <b>Schenk</b>		Month Day Year <b>6 11 60</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-13-67</b>	9. AGE (last birthday) <b>93</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Cole Camp Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Magnus</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Roef</b>		14. NAME OF HUSBAND OR WIFE <b>Fred H. Schenk</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 Address <b>Fred Schenk LaMonte Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Bronchial pneumonia</b>						<b>4-5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic myocarditis</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>4-6-60</b> to <b>6-11-60</b> and last saw her alive on <b>6-10-60</b> Death occurred at <b>4:45</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>J.W. Boger M.D.</b>				22b. ADDRESS <b>Sedalia Mo</b>		22c. DATE SIGNED <b>6-13-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-13-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LaMonte Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>LaMonte Mo.</b>	
24. FUNERAL DIRECTOR <b>Paul M. Mow</b>		ADDRESS <b>LaMonte Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-13-1960</b>		26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul M. Moore*

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

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.