

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

**=61-000052**

STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. 4016 Registrar's No. 20

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Atchison</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tarkio</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Atchison</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>108 N 4th</u>		Length of stay in lb <u>35 yrs.</u>		c. CITY OR TOWN <u>Tarkio</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>108 N. 4th</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ORVILLE</u>		Middle <u>FRANK</u>		Last <u>SCHOONOVER</u>		Month <u>Jan.</u> Day <u>31</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/16/1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cosmetologist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>beauty shop</u>		11. BIRTHPLACE (City and state or country) <u>Craig, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Seymouth Schoonover</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Preston</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Schoonover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>			16. SOCIAL SECURITY NO. <u>W.V. 1</u>		17. INFORMANT <u>Bessie Schoonover</u> Address <u>Tarkio, Mo.</u>		
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) <u>Generalized Carcinomatosis</u>						<u>4 months</u>	
DUE TO (b) <u>Bronchiogenic Carcinoma</u>							
DUE TO (c)							
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 type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <u>7:10</u> a.m. p.m.		Month, Day, Year <u>4/12/54</u>					
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	
21. I attended the deceased from <u>4/12/54</u> to <u>1/31/61</u> and last saw him alive on <u>1/31/61</u>				Death occurred at <u>7:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edw. J. Emmerich, M.D.</u> (Degree or title)			22b. ADDRESS <u>Tarkio, Mo.</u>			22c. DATE SIGNED <u>2/2/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2/2/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>	
24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Feb 8, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nervin N. Schaefer</u>		

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 16 1961

**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

*Frost A. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.