

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012298

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6179 Registrar's No. 27

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pollock</u>		Length of stay in lb <u>73 yrs</u>	c. CITY OR TOWN <u>Pollock</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Pleasant Earl Schoonover</u>			4. DATE OF DEATH Month Day Year <u>March 28, 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>4/26/1887</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Pollock, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Schoonover</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Raines</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Jane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Bessie J. Schoonover, Pollock</u>		

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion 10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension years

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Chronic degenerative myocarditis

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 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 <u>Pollock, Mo.</u>	COUNTY <u>Pollock</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>June 6 56</u> to <u>3-28-61</u> and last saw him alive on <u>3-28-61</u> Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Chas. L. Judd</u>	Degree or title <u>Do</u>	22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>3/29/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/31/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pollock, Mo.</u>

24. FUNERAL DIRECTOR <u>Schaone Funeral Home, Milan, Mo</u> <u>by Geo Davis.</u>	ADDRESS <u>Milan, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-3-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>
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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 George W. Davelle

Licensed Embalmer No. 4799

P. O. Address Milan, mi

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.