

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25143**

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co 0681</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau 0681</b>	
b. CITY OR TOWN <b>California, Mo Walker</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker 0</b>	
c. LENGTH OF STAY (In this place) <b>42 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>802 West St. California, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>802 West St. Calif Mo</b>			

3. NAME OF DECEASED a. (First) <b>Albert</b> b. (Middle) <b>Louis</b> c. (Last) <b>Schenewerk</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7/11/52</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 11, 1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired from State Highway Depart</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri</b>	11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Julius Schenewerk</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Worn</b>	14. NAME OF HUSBAND OR WIFE <b>Ninnie Schenewerk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ninnie Schenewerk</b>	ADDRESS <b>California Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>California Moniteau MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 1, 1952** to **July 11, 1952**, that I last saw the deceased alive on **July 9, 1952**, and that death occurred at **4/45 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>D. J. Devion</b> (Degree or title)	23b. ADDRESS <b>D. J. Devion California</b>	23c. DATE SIGNED <b>7/12/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/13/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Flag Spring Cent</b>	24d. LOCATION (City, town, or county) (State) <b>Calif. Mo R.F.D.</b>
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DATE REC'D BY LOCAL REG <b>July 26/52</b>	REGISTRAR'S SIGNATURE <b>202-9</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Bowler</b> ADDRESS <b>California</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 21 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl Bonshin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.