S. No. 300
Rev. 10-48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36996

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 138

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton, Mo 3
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Plaza Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy 40
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton 1
d. STREET ADDRESS (If rural, give location): 715 Main 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Morton
c. (Last): Schooler

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: March 20, 1887
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR Months: 6 Days: 2 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired P.O. employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spickard, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harrison A. Schooler
13b. MOTHER'S MAIDEN NAME: Elizabeth Voyntrees
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 World War I
16. SOCIAL SECURITY NO.: 486-30-0068
17. INFORMANT'S SIGNATURE OR NAME: Jay Benton
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

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.

INTERVAL BETWEEN ONSET AND DEATH: 4-201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19-2-, 1949, *to* as Coroner, 19__, *that I last saw the deceased alive on* ___, 19__, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm A Fuson MDD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: 10-3-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Spickard Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Spickard, Mo

DATE REC'D BY LOCAL REG.: 10-5-49
REGISTRAR'S SIGNATURE: Irene Fair 115 1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Raymond A. Davis, Trenton, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1950

RECEIVED
NOV 12 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Walter E. Moyer
Licensed Embalmer No. 4491
P. O. Address Trenton, 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 this body is not embalmed, fact should be so stated above.