

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29671

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>AUXVASSE</u>		c. LENGTH OF STAY (in this place) <u>30 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Auxvasse</u> <u>0145</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>Harrison Ave.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <u>ANNA</u>	b. (Middle) <u>MARIA</u>	c. (Last) <u>SCHOLL</u>	(Month) <u>Sept</u> (Day) <u>6</u> (Year) <u>1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1854</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. J. Mc Cubbin</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Phoenix</u>	14. NAME OF HUSBAND OR WIFE <u>William Scholl</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, no known) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Scholl, Auxvasse, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 1940 to Sept 6, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 6:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Harrison</u>	(Degree or title)	23b. ADDRESS <u>1002 Auxvasse Mo.</u>	23c. DATE SIGNED <u>9-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/8/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Turner, Auxvasse, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0140

LED SEP 18 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

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
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.