

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21468**

No. 300
10.48

FILED JUN 19 1952

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 605 West 14th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Mem. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DURWARD b. (Middle) RICE c. (Last) SCHOOLER			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12, 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor	10b. KIND OF BUSINESS OR INDUSTRY Mo. School of Mines	11. BIRTHPLACE (State or foreign country) Hallsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Alexander Schooler	13b. MOTHER'S MAIDEN NAME Elizabeth Wilhite	14. NAME OF HUSBAND OR WIFE Merle E.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Merle E. Schooler	ADDRESS Rolla, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastatic Carcinoma		
	ANTECEDENT CAUSES Jaundice x renal Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Primary Site (Probable Liver)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car heart.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 155 X	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) (Min.) _____	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 **Jan 1952** to **May 30 1952**; that I last saw the deceased alive on **May 30, 1952**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED May 30 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. June 11, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll	389	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Mull	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 12 1957
JUL 29 1957

JUL 24 1957

2567 92 MORT

County File Number _____
Date Filed 6-18-57

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 Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.