

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12548

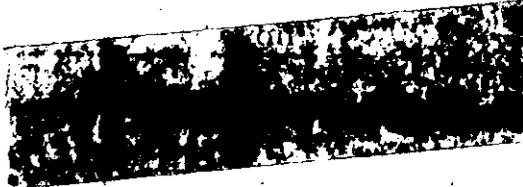
BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 5671		Registrar's No. 51		
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Dover Twp.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				0.540 2				
3. NAME OF DECEASED (Type or Print) LOUIS SCHOLLE			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4 16 1954		
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 1-12-1864		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Arora, Indiana		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Gotlieb Scholle			13b. MOTHER'S MAIDEN NAME Louise Scholle			14. NAME OF HUSBAND OR WIFE Louise Sander		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. F. Kessler			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 3 days	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Arteriosclerosis Renal disease				Years -	
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy				Years -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from March, 1950, to April 16, 1954, that I last saw the deceased alive on April 14, 1954, and that death occurred at 12:50 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. K. Appenroth, M.D.				23b. ADDRESS Higginsville, Mo		23c. DATE SIGNED Apr. 19, 1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-18-54		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Higginsville, Mo.		
DATE REC'D BY LOCAL REG. April 21-54		REGISTRAR'S SIGNATURE Clayton W. Landrum		154-25. FUNERAL DIRECTOR'S SIGNATURE Forrest S. Hooper		ADDRESS Higginsville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0540



**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 Forrest L. Hooper

Licensed Embalmer No. 4357

P. O. Address Higginville, T.

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.