

No. 300
10.48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22049

State File No.

BIRTH NO. 231 REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4037 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>BATES</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOSTER</u> | | c. CITY OR TOWN <u>FOSTER</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>54 YRS</u> | | e. STREET ADDRESS (If rural, give location) <u>0098</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FRANK</u> | b. (Middle) <u>ANTON</u> | c. (Last) <u>SCHOLLER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-15-1954</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUGUST-18-1847</u> | 9. AGE (In years last birthday) Months Days <u>106 10 27</u> | IF UNDER 1 YEAR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RAIL ROAD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>B.R. MAINTENANCE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>UNTENNAGER GERMANY</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>WILLIAM SCHOLLER</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ronald Scholler - Rich Hill, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery</u> | | |
| | DUE TO (c) <u>Heart</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from July 12, 1954, to July 15, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at Rich Hill, Mo., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Donald Scholler M.D.</u> | 23b. ADDRESS <u>Rich Hill, Mo.</u> | 23c. DATE SIGNED <u>July 17, 1954</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7-17-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>TRICH HILL, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>July 18</u> | REGISTRAR'S SIGNATURE <u>Fern Martin</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral</u> | ADDRESS <u>Rich Hill, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *John G. Anderson*.....

Licensed Embalmer No. *358*.....

P. O. Address *Butler*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.