

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26982

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 324 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	c. LENGTH OF STAY (In this place) 3 wks	c. CITY OR TOWN Rocheport	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lee Hospital		STREET ADDRESS (If rural, give location) R. R. #1 0450	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) H.	c. (Last) Scharringhausen	4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1874	9. AGE (In years) (Last birthday) 80 IF UNDER 1 YEAR 13 Months IF UNDER 12 HRS. 13 Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cut stone contractor	10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Esther Dillard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs W. H. Scharringhausen	Rocheport 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH July 15, 1954
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	DUE TO (b) with hemiplegia	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5 yrs

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) 331 X
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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 **July 15, 1954** to **Aug 14, 1954** that I last saw the deceased alive on **July 14, 1954**, and that death occurred at **10:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Bloom	(Degree or title) M.D.	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 8-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/15/54	24c. NAME OF CEMETERY OR CREMATORY Mt St. Markus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Mo
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DATE REC'D BY LOCAL REG. 8-14-54	REGISTRAR'S SIGNATURE May K. Sheel	436	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	ADDRESS Fayette, Mo
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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, ~~Q. L. W.~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Ralph A. Carr

Licensed Embalmer No. 33

P. O. Address *Jayette*

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.