

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1551**

BIRTH NO. _____		REG. DIST. NO. <b>167</b>		PRIMARY REG. DIST. NO. <b>4256</b>		Registrar's No. <b>6</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>JOHNSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>HOLDEN</b>		c. LENGTH OF STAY (in this place) <b>53 YR</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>	
b. CITY OR TOWN <b>HOLDEN</b>		c. CITY OR TOWN <b>HOLDEN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>30 VINE ST 1</b>				e. STREET ADDRESS (If rural, give location) <b>SOUTH VINE ST 0510</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>SADIE</b>			b. (Middle) <b>PAGE</b>			c. (Last) <b>SCHARNHORST</b>	
(Type or Print)			(Month) (Day) (Year)			JAN 20 1950	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MARCH 13 1899</b>	
9. AGE (in years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOLDEN MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JOHN PAGE</b>			13b. MOTHER'S MAIDEN NAME <b>MARY E. BUNDY LAWRENCE</b>			14. NAME OF HUSBAND OR WIFE <b>SCHARNHORST</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>THEODORE PAGE</b> ADDRESS <b>HOLDEN MO</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				<b>sudden</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy (Grand Mal)</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<b>4201</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Kelly Rowland M.D.</b>				23b. ADDRESS <b>Holden Mo</b>		23c. DATE SIGNED <b>1/22/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-22-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOLDEN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HOLDEN MO</b>	
DATE REC'D BY LOCAL REG. <b>1-31-55</b>		REGISTRAR'S SIGNATURE <b>Mrs H V Redford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Comedian &amp; Hoff</b> ADDRESS <b>Holden Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
FEB 3 1955  
JOHNSON COUNTY HEALTH DEPARTMENT

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.....  
*M. J. Coady*

Licensed Embalmer No. 34

P. O. Address Holder

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.