

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35145
State File No.
8936 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2wks	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS #18 South Kingshighway		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) McVey	c. (Last) Schofield	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1881	9. AGE (in years last birthday) 74yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesmanager	10b. KIND OF BUSINESS OR INDUSTRY G. S. Suppiger Co.	11. BIRTHPLACE (City and State or Foreign Country) Martins Ferry, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James P. Schofield	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Minnie Dee Schofield
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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. 328-03-3232	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Dee Schofield #18SKingshigh
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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 4 days 6 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parsinsonism DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 350x	20. AUTOPSY? YES <input checked="" 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 21, 1949, to Oct 13, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Smith	(Degree or title) MD	23b. ADDRESS 114 N. Taylor	23c. DATE SIGNED 10/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Sandusky Cemetery	24d. LOCATION (City, town, or county) (State) Keokuk, Iowa
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DATE REC'D BY LOCAL REG. OCT 13 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6115 Delmar
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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 *Joe. E. McCulloch*
Licensed Embalmer No. *2960*

P. O. Address *613 5th St*

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.