

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 8 1956

State File No. **2438**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	c. LENGTH OF STAY (In this place) 6 WKS.	c. CITY OR TOWN Richmond	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 163 S. Institute		e. STREET ADDRESS (If rural, give location) 5 miles north of Richmond	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) January 31, 1956		
a. (First) WILLIAM	b. (Middle) ALFRED	c. (Last) SCHOOLER			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days IF UNDER 1 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri	
			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Sanderson S. Schooler	13b. MOTHER'S MAIDEN NAME Bettie Cravens	14. NAME OF HUSBAND OR WIFE Nellie Jane Campbell
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Reed Schooler, Richmond, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral hemorrhage Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. 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 33/k	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)	
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 Jan 1 - 1956 to Jan 31, 1956 that I last saw the deceased alive on Jan 25, 1956 and that death occurred at 12:25 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. G. Ray M.D.	23b. ADDRESS Richmond	23c. DATE SIGNED 27 Feb 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Mo.
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DATE REC'D BY LOCAL REG. Feb 3 - 1956	REGISTRAR'S SIGNATURE Mabel Jackson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS by Howard Thurman Richmond, Mo. (Missouri Funeral Home)
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(Licensed Embalmer's Statement on Reverse Side)

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

10170 B.

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 *Wm. L. Thurman*.....

Licensed Embalmer No. 4563

P. O. Address ..Richmond, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.