

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10151

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 44 15 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLARKSVILLE</u>		c. CITY OR TOWN <u>CLARKSVILLE</u>	
c. LENGTH OF STAY (in this place) <u>78 yrs</u>		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		STREET ADDRESS (If rural, give location) <u>0820</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>BURNS</u> c. (Last) <u>SCHOLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16, 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>SEPT 24, 1875</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u> UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PIKE COUNTY, Mo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES SCHOLL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CHEEK</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R.B. SCHOLL, JR.</u>		ADDRESS <u>CLARKSVILLE, Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>Atherosclerosis</u>			
		DUE TO (c)			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 live on March 16, 1956, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lab Mudd</u> (Degree or title) <u>Couroner</u>		23b. ADDRESS <u>Brazing Green Mo</u>		23c. DATE SIGNED <u>March 16-56</u>	
24a. DATE REC'D BY LOCAL REG. <u>MAR 23 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Berniece Collier</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM</u>	
		24d. LOCATION (City, town, or county) <u>CLARKSVILLE, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Harry C. Carroll</u>	
		ADDRESS <u>Clarksville Mo</u>			

(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 *Geo. M. Collier*.....

Licensed Embalmer No. *38*
P. O. Address *Louisiana*

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.