

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1956

State File No. 88

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6113</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN--Moreland Twp.</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON</u>		1000 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTON</u>				d. STREET ADDRESS (If rural, give location) <u>BENTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLETUS</u>		b. (Middle) <u>CHARLES</u>		c. (Last) <u>SCHERER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 12 1905</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Days <u>1</u> Hours _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GARAGE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH L. SCHERER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN WALTERS</u>		14. NAME OF HUSBAND OR WIFE <u>CELESTE SCHERER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>44-486-38-1274</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CELESTE SCHERER</u>		ADDRESS <u>BENTON? MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Mos.</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		154x		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)			
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?			
22. I hereby certify that I attended the deceased from <u>April 14, 1956</u> , to <u>May 13, 1956</u> , that I last saw the deceased alive on <u>May 12, 1956</u> , and that death occurred at <u>12:17 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. P. Bregan, D.O.</u>				23b. ADDRESS <u>Benton Mo.</u>		23c. DATE SIGNED <u>5-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STARDENISAN cem.</u>		24d. LOCATION (City, town, or county) (State) <u>BENTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-23-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u>		ADDRESS <u>ORAN, MO.</u>	

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

MAY 28 1956

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FILE NO.

536-119

JUN 6 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Carl J. Smith

Signed.....

Student Embalmer

Licensed Embalmer No. 2676

P. O. Address

Owen, Mo.

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 this body is not embalmed, fact should be so stated above.