V. S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-015117

FILED APR 23 1958

BIRTH NO. ____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 59

0730 0

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stella Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0730 0
d. STREET ADDRESS (If rural, give location): Highway #71 South

3. NAME OF DECEASED (Type or Print)
a. (First): Terrence
b. (Middle): Albert
c. (Last): Scholes

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: May 21, 1892

9. AGE (In years last birthday): 65 — If under 1 year: Months 10, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (City and State or Foreign Country): Newton County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Scholes

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Chloe MacReynolds — ADDRESS: WashingtonD.C.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Overwhelming Toxemia — 2 months

DUE TO (c) Biliary Cirrhosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 5810

20. AUTOPSY? YES ☐ NO ☑

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MARCH 19, 1958, *to* MARCH 23, 1958, *that I last saw the deceased alive on* MARCH 23, 1958, *and that death occurred at* 11:40 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Bolman D.O. — (Degree or title): D

23b. ADDRESS: Stella, Missouri

23c. DATE SIGNED: 3-27-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-25-58

24c. NAME OF CEMETERY OR CREMATORY: Granby Memorial Cem

24d. LOCATION (City, town, or county) (State): Granby, Missouri

DATE REC'D BY LOCAL REG.: 4-2-58

REGISTRAR'S SIGNATURE: Mildred Moberly

25. FUNERAL DIRECTOR'S SIGNATURE: Clark Funeral Home — ADDRESS: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

542

RECEIVED
District Health Officer No. Newton
District File Number 458-84
Date Filed APR 15 1958

APR 24 1958

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 Fred L. Clark, Student Embalmer No. 556, working under my personal supervision.

Student Fred L. Clark
Student Embalmer

Signed Marvellen Puckett

Licensed Embalmer No. 4166

P. O. Address Neosho, 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.