

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022848
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 93

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 OR TOWN <u>Luxemburg</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clarksville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co Hospital Hope</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>RT 10 #1</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Henry Wharton Schooler</u>		4. DATE OF DEATH Month Day Year <u>June 12 1958</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 30 1875</u>
9a. AGE (In years and day) <u>82</u>		9b. IF UNDER 1 YEAR Month Day Hours Min. <u>4 12</u>	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Near Dover, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Henry Schooler</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Curtis Shy</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>198-401930-475</u>	17. INFORMANT Address <u>Mrs. Lily Boyd - Louisiana, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pyelonephritis with uremia and anuria</u> DUE TO (b) <u>Hepatitis and jaundice</u> DUE TO (c) <u>583X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERNAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		-----	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----	COUNTY STATE
21. I attended the deceased from <u>8/20/56</u> to <u>6/12/58</u> and last saw ^{him} <u>alive on</u> <u>6/12/58</u> Death occurred at <u>7:45 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas H. Lemmell M.D.</u>		22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>6/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 15 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pike Co Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Geo M. Collier Luxemburg Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

P. O. Address.....

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.