

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023000
STATE FILE NUMBER

FILED JUL 2 1958 Registration District No. 305 Primary Registration District No. 4452 Registrar's No. 23

300
-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		c. CITY OR TOWN Pacific	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	
6368		STREET ADDRESS 13 New Orleans (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Laura Etta Schooley			4. DATE OF DEATH Month Day Year June 14, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days 5 22	IF UNDER 24 HRS. Hours Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties	10b. KIND OF BUSINESS OR INDUSTRY Home Duties	11. BIRTHPLACE (City and state or country) Lebanon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Rutter	13b. MOTHER'S MAIDEN NAME Peggy Erans	14. NAME OF HUSBAND OR WIFE Harvey Schooley
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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.	17. INFORMANT Address John Schooley, Wentzville, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis		INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) carcinoma, left breast with generalized carcinomatosis	
	DUE TO (c) 170X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pathologic fracture both humeri		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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
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21. I attended the deceased from 1-14-58 to 6-14-58 and last saw her alive on 6-14-58 Death occurred on 5:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>J. Beckmeyer</i> (Degree or title) 2	22b. ADDRESS Wright City, Missouri	22c. DATE SIGNED 6/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/16/58	23c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery	23d. LOCATION (City, town, or county) (State) Pacific, Missouri
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24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo.	25. DATE RECD. BY LOCAL REG. June 23 1958	26. REGISTRAR'S SIGNATURE <i>Marion P. Puff</i>
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(Licensed Embalmer; Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

652

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*
P. O. Address *Wentville*

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.