

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011989

STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 12

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before age 18) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jopfelt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jopfelt</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in lb <u>32 yrs.</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARA MARGARET SCHERER</u>			4. DATE OF DEATH Month Day Year <u>Feb 26 1959</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 25, 1890</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days <u>0 1</u>	IF UNDER 24 HRS. Hours Min. <u>0 0</u>
-------------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Servant worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	11. BIRTHPLACE (City and state or country) <u>Egypt Mills, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Fredrick Zant</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Faust</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Scherer</u>
--	--	--

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>493-03-8158</u>	17. INFORMANT <u>Andrew Scherer Jopfelt, 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>Cerebrovascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>Hypertension</u>	
	DUE TO (c) <u>Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	---

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>8-12-58</u> to <u>2-24-59</u> and last saw <sup>her</sup> him alive on <u>2-24-59</u> Death occurred at <u>5:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>L.D. Howlett D.O.</u>	22b. ADDRESS <u>Jopfelt, Mo.</u>	22c. DATE SIGNED <u>2-27-59</u>
--	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/28/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Cuplinghoff Funeral Home</u>	ADDRESS <u>Illmo, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-3-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Fred Brepling Jr</u>
---	------------------------------	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 *Oliver O. Smith* .....

Licensed Embalmer No. *4420* .....

P. O. Address *Illino, Ill* .....

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.