

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020074  
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 27

S. 300  
v. 1-57

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sweet Springs</b>  |                                  | c. CITY OR TOWN <b>Sweet Springs</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>115 W. Ray St</b>  |                                  | d. STREET (If outside give location)<br>ADDRESS <b>115 W. Ray St</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Elizabeth Belle Scherrer</b>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><b>MAY 30 1959</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 29 1876</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>house wife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Sweet Springs mo</b>                             |
| 13a. FATHER'S NAME<br><b>Daniel T. Root</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Harris</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Fred Scherrer</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br>Address<br><b>Ora Nell Root, Sweet Springs</b>                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiovascular accident</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Convulsive disorder</b>  |                                  |   | <b>331X</b><br><b>1 yr.</b>   |
| DUE TO (c) <b>Hypertension + Coronary disease</b>  |                                  |   | <b>years.</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease Condition given in PART I (a)<br><b>Hypertensive cardiovascular disease.</b>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 <b>June 1954</b> , to <b>May 1959</b> and last saw her alive on <b>5-25-59</b><br>Death occurred at <b>910 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><b>Fuller Reed</b>   |                                  | 22b. ADDRESS<br><b>Sweet Springs Mo.</b>  | 22c. DATE SIGNED<br><b>6/1/59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>June 1, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Sweet Springs, mo</b>                         |
| 25. FUNERAL DIRECTOR<br><b>Edgar L. Mooney, Sweet Springs, mo</b>  |                                  | 26. DATE RECD. BY LOCAL REG.<br><b>June 1, 1959</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Maop Mooney</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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

JUN 23 1959

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 *Edgar L. Mowley* .....  
Licensed Embalmer No. *4711* .....  
P. O. Address *Sweet Springs* .....

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.