

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005158

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 34

AMENDED

FILED VS FEB 21 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRENTON</u>		Length of stay in lb <u>3 DAYS</u>	c. CITY OR TOWN <u>SPICKARD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL ANNEX</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <u>OLLIE</u> Middle <u>MAE</u> Last <u>SCHOOLER</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>14</u> Year <u>1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FURNITURE-FUNERAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRUNDY CO. MO.</u>	9. AGE (last birthday) <u>77</u>
13a. FATHER'S NAME <u>WILLIAM RAMSEY</u>		13b. MOTHER'S MAIDEN NAME <u>ANN ELIZA MYERS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</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>		14. NAME OF HUSBAND OR WIFE <u>CHARLES SCHOOLER</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>Coronary Thrombosis</u>		17. INFORMANT <u>ROSS WISE</u> Address <u>SPICKARD MO.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
DUE TO (c)		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	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 <u>Trenton, MO</u>
21. I attended the deceased from <u>Feb. 12-1961</u> to <u>Feb. 14-1961</u> and last saw her/him alive on <u>Feb. 14-1961</u>		Death occurred at <u>9:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>B. H. Clauller M.D.</u> (Degree or title)		22b. ADDRESS <u>Trenton, MO</u>	22c. DATE SIGNED <u>2-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-17-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>
24. FUNERAL DIRECTOR <u>SCHOOLER FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>

MAY 11 1961
JUL 11 1961

MAR 9 1961

1961 9 700

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 *Cross Wise*

Licensed Embalmer No. 3771

P. O. Address *Spickard 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.