

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 87

STATE FILE NUMBER

AMENDED **FI** **FD MAY 22 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Grundy</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Trenton</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Mercer</b>
Length of stay in 1b <b>9 days</b>	c. CITY OR TOWN <b>Princeton</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wright, s Annex Hosp,</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>Rural</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Ed.</b>	Middle <b>Schooler</b>	Last <b>Schooler</b>	Month <b>May</b>	Day <b>4</b>
Year <b>1961</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/6/1879</b>	9. AGE (last birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Stock</b>	11. BIRTHPLACE (City and state or country) <b>Spickard-Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John P. Schooler</b>		13b. MOTHER'S MAIDEN NAME <b>Lanah Brussel</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Mae Evoritt</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	17. INFORMANT <b>Mr. Guy Schooler--Princeton-Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage 8 days</b>		
DUE TO (b)		
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
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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 a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Princeton</b>	COUNTY <b>Mercer</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **4-26-61** to **5-4-61** and last saw her alive on **5-4-61**  
Death occurred at **10:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Oliver F. Duffly Jr.</i>	(Degree or title)	22b. ADDRESS <b>Princeton Mo</b>	22c. DATE SIGNED <b>May 10th</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/7/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mercer County-Missouri (Mo)</b>
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24. FUNERAL DIRECTOR <b>Martin &amp; Azbell-Princeton-Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-10-61</b>	26. REGISTRAR'S SIGNATURE <i>Gene Jar</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. 5020

P. O. Address Princeton Missouri

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.