

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5575

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maitland</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Murtle</u>	b. (Middle) <u>Davis</u>	c. (Last) <u>Schooler</u>	<u>Feb. 2-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-2-1884</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Barnard, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
13a. FATHER'S NAME <u>Russell Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Beverich</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Schooler</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Schooler, Maitland Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition and cachexia</u>		DUPLICATE OF (b) <u>Transverse myelitis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Metastatic cancer of 2nd, 3rd, 4th, 5th.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		due to <u>Thoracic Vertebrae</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Primary cancer of right Semiv.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

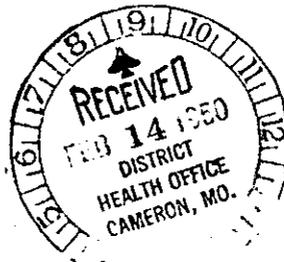
22. I hereby certify that I attended the deceased from Sept. 9, 1949 to Feb. 1, 1950, that I last saw the deceased alive on Feb. 1, 1950, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>W.R. Johnson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville, Mo.</u>		23c. DATE SIGNED <u>2-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roll P. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Maitland Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-11-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt-229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Johnson</u> ADDRESS <u>Maryville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 .....  
Student Embalmer

Signed

Licensed Embalmer No. 2379

P. O. Address Maryville, 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 this body is not embalmed, fact should be so stated above.