

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31154

State File No.

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4346 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rhineland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rhineland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED
(Type or Print) a. (First) ALEIDA b. (Middle) _____ c. (Last) SCHOLTEN

4. DATE OF DEATH: 9 (Month) 11 (Day) 1950 (Year)

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 7-18-1870 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Peters 13b. MOTHER'S MAIDEN NAME Johanna Pohlmann 14. NAME OF HUSBAND OR WIFE Rudolph Scholten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Rheinhard Scholten ADDRESS Rhineland Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 31, 1950, to Sept. 11, 1950, that I last saw the deceased alive on Sept. 11, 1950, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Ryan (Degree or title) MD 23b. ADDRESS 7 Harrison Mo 23c. DATE SIGNED 9/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-14-1950 24c. NAME OF CEMETERY OR CREMATORY St. Joseph's 24d. LOCATION (City, town, or county) (State) Rhineland, Mo.

DATE REC'D BY LOCAL REG. Sept 13 1950 REGISTRAR'S SIGNATURE Mrs. Eunice Bush 25. FUNERAL DIRECTOR'S SIGNATURE Kottmeyer & Co. ADDRESS Rhineland Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0700
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 16 1930

RECEIVED

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

D B Baker

Licensed Embalmer No. _____

3375

P. O. Address

Americus Ga

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.