

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33057

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4145 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN <u>RAIRIE HOME MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STAY (in this place)</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RAIRIE HOME MO 0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RAIRIE HOME MO</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SCHARF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 27 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 13-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM MACHINERY</u>	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTH PLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHARLES SCHARF</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GEMINDEN GRACE SCHARF</u>	
14. NAME OF HUSBAND OR WIFE		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 <u>444-07-1805</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Schraf, Home, Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Lungs)</u> INTERVAL BETWEEN ONSET AND DEATH <u>(3)</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 <u>April 15, 1950</u> , to <u>Oct 27, 1950</u> , that I last saw the deceased alive on <u>Oct 23, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. L. Dieckroeger M.D.</u>		23b. ADDRESS <u>Bronnville Mo</u>	
23c. DATE SIGNED <u>10/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 30-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR RAIRIE HOME MO</u>	
DATE REC'D BY LOCAL REG. <u>10/30/50</u>		REGISTRAR'S SIGNATURE <u>U. T. Meredith 442</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Albert Hornbeck</u>		ADDRESS <u>Braire, Home, Mo.</u>	

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

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

11/1/50

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

C. Albert Hornbeck

Licensed Embalmer No.

2714

P. O. Address

Prave, Home 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.