

## STANDARD CERTIFICATE OF DEATH

State File No. **40072**

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **386** PRIMARY REG. DIST. NO. **0799** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CARROLL</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bogard, Mo.</b>		c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Bogard Mo</b>		0170
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			d. STREET ADDRESS (If rural, give location) <b>Van Horn Township.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLARD</b> b. (Middle) <b>Van Buren</b> c. (Last) <b>Schang</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-17-1950</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Jan-4-1900</b>	9. AGE (In years last birthday) <b>50</b>	# UNDER 1 YEAR Months <b>11</b> Days <b>13</b>	# UNDER 6 Wks. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Carroll County - Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>John Schang</b>		13b. MOTHER'S MAIDEN NAME <b>Hellie Willard</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no, or unknown) <b>no</b> (If yes, give war and dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HARRY Schang - Carrollton Mo.</b>		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, asthenia, 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) _____		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>APPOPLEXY</b>					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>334X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>-</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ray Dickerson</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Bogard Mo.</b>		23c. DATE SIGNED <b>12-19-50</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 20, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Van Horn</b>		24d. LOCATION (City, town, or county) (State) <b>Bogard Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>12-20-50</b>		REGISTRAR'S SIGNATURE <b>Delia Purcell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.A. Dickerson</b>		ADDRESS <b>Bogard Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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



FEB 2 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Boyard, 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.