

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20558**
 Registrar's No. **154/3/2**

No. 300
 10-48
 FILED JUN 27 1951

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 617 E. Third St	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) HATTIEBELLE c. (Last) SCHOOLER			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 3, 1881		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) Carthage, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Rozell Crandall		13b. MOTHER'S MAIDEN NAME Cornelia Butler		14. NAME OF HUSBAND OR WIFE Ira O. Schooler	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Schooler, 617 E. 3rd, Carthage, Mo	
--	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 wks	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Benignemia		DUE TO (b) Spleen			
		ANTECEDENT CAUSES		DUE TO (c)			
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo	
21d. TIME OF INJURY		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 **May 20, 1951**, to **June 21, 1951**, that I last saw the deceased alive on **June 21, 1951**, and that death occurred at **9:20 p m.** from the causes and on the date stated above.

23a. SIGNATURE A. E. Fisher (Degree or title) MD		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 6-22-51	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) Rte 1, Carthage, Mo	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 6-23-51		REGISTRAR'S SIGNATURE L. B. Blunt MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	
---	--	--	--	--	--

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

193

RECEIVED 6-26-51
Jasper County Health Office

County File Number 51/6/523

Date Filed 6-26-51

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.