S. No. 300
v. 10.48

MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16999

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 99

0493
0

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marion 0490
d. STREET ADDRESS (If rural, give location): Carthage Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Iola
b. (Middle): M.
c. (Last): Scheerer

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-2-1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sallisaw, Okla.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert L. Freeman
13b. MOTHER'S MAIDEN NAME: Mattie Martindale
14. NAME OF HUSBAND OR WIFE: DOUGLAS J. SCHEERER ~~Jack D. Scheerer~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 2 (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-10-0750
17. INFORMANT'S SIGNATURE OR NAME: Jack D. Scheerer, Carthage # 1 — ADDRESS

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix (producing ureteral obstruction) — 6 mos.
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: 171 X
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) m.
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* 1-1-, 1952 *to* 5-21, 1952, *that I last saw the deceased alive on* 5-21, 1952 *and that death occurred at* 10:31 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: 304 Grant, Carthage, Mo.
23c. DATE SIGNED: 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24-52
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: 5-23-52
REGISTRAR'S SIGNATURE: L.B. Clinton, M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-28-52
Jasper County Health Office

County File Number 5/52/404
Date Filed 5-28-52

JUN 5 1952

JUN 11 1952

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 Robert E. Muhlemann, Student Embalmer No. 462, working under my personal supervision.

Student Robert E. Muhlemann
Student Embalmer

Signed Ray E. Rose
Licensed Embalmer No. 4779
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.

P.No. 311920

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jasper }

State File No. 16999-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 21st day of June, 1952, before me appears Douglas J. Scheerer, who, upon his oath, states that the original record of ~~birth~~ death for Lola M. Scheerer, died ~~born~~ May 21, 1952 in the State of Missouri, and which was filed at Carthage, Mo. on ....., 19...., should be corrected as follows:

Item No. 14 should read Douglas J. Scheerer

Instead of Jack D. Scheerer

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Douglas J. Scheerer Husband
Relationship.

RH 1 Carthage. MO
Present Address

Subscribed and sworn to before me this 21st day of June, 1952.

My Commission expires April 5, 1954. Winifred Drummond Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—8-43
I X37817