S. No. 300
V. 10.48

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

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21093

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange, Mo.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home So. LaGrange

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
d. STREET ADDRESS (If rural, give location): No street Add.

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): –
c. (Last): SCHOFIELD

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1873
9. AGE (In years last birthday): 79
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Produce&Feed
11. BIRTHPLACE (City and State or Foreign Country): Palmyra, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: Kerile Anderson
14. NAME OF HUSBAND OR WIFE: Daisy Schofield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490 18 4093
17. INFORMANT'S SIGNATURE OR NAME: Carl Schofield
ADDRESS: LaGrange, Mo.

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) CANCER PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 177X
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* June 1, 1949, *to* June 10, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Ellis M.D. (Degree or title)
23b. ADDRESS: LaGrange Mo
23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): LaGrange, Missouri

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: P. W. Jenning M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Kenneth Bailey
ADDRESS: LaGrange Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange 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.