

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23747**

BIRTH NO. **FILED JUL 21 1955** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5125** Registrar's No. **744**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Center)		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Center	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CHARLES	b. (Middle)	c. (Last) SCHOLTZ	(Month) 7	(Day) 6	(Year) 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-31-1877	9. AGE (In years last birthday) 75	# CHILDREN YEAR 1 MONTHS 1 DAY 1 HOUR 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Goetz Brew. Co.	11. BIRTHPLACE (State or foreign country) Doniphan Co., Kansas	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Scholtz	13b. MOTHER'S MAIDEN NAME Rosa Kurzutski	14. NAME OF HUSBAND OR WIFE Emma Scholtz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Emma Scholtz, R.F.D. # 6, City	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours 1 year Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arteriosclerotic nephritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from 8-31, 1951, to 7-6, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Allen J. Scriman M.D.</i>	(Degree or title)	23b. ADDRESS 706 Francis St.	23c. DATE SIGNED 7-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. July 12, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Caster</i>	446	25. FUNERAL DIRECTOR'S SIGNATURE <i>Johnnie Rupp</i>	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10.48

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.