

S. No. 300  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27650

State File No. ....

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

FILED SEP 12 1952

BIRTH NO. ....		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>5419</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton-R. Freeborn</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton-Rural-Freeborn</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile N. of Clarkton</u>				d. STREET ADDRESS (If rural, give location) <u>Rural-Inside West of Clarkton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>			b. (Middle) <u>Schoolfield</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1952</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 5 1879</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>—</u>		11. YEARS <u>27</u>		12. HOURS <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Rockport Ind 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Schoolfield</u>			13b. MOTHER'S MAIDEN NAME <u>Anne Silverthorn</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Hodges Schoolfield</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Schoolfield Clarkton Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>						2 yr +	
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 <u>H201</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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) (Min.)		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 <u>Jan 1</u> , 19 <u>52</u> , to <u>July 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>52</u> , and that death occurred at <u>8:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. O. Hopkins, MD</u>				23b. ADDRESS <u>Coideon, MO</u>		23c. DATE SIGNED <u>9/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/6/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/6/52</u>		REGISTRAR'S SIGNATURE <u>Marguerite George</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>440 Dehise Funeral Parlor - Portageville Mo</u>			

SEP 10 1952  
WAAS  
PAH

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 9-8-52 .....  
COUNTY FILE NUMBER 952-247 .....

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 *Joseph A. DeFush*  
Licensed Embalmer No. *7488*

P. O. Address *Portageville 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.