

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42080**

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **187**

04020

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

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place) 5 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton, Mo		04020
d. FULL NAME OF HOSPITAL OR INSTITUTION Gallers Hospital			d. STREET ADDRESS (If rural, give location) 1720 1/2 Chicago		
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) Vird c. (Last) Schooler			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH June 28 1873		9. AGE (In years last birthday) Months Days 79 5 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Spickard, Mo. (D)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Etherton		13b. MOTHER'S MAIDEN NAME Leora Flowers	14. NAME OF HUSBAND OR WIFE George Edward Schooler (divorced)		
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 YADENE HARRIS, Trenton, 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure	DUE TO (b) Arteriosclerotic myocarditis				2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) mesenteric thrombosis				4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION, H221			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 10-16 , 1951, to Dec 25 , 1952, that I last saw the deceased alive on Dec 24 , 1952, and that death occurred at 3:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. L. Clark M.D.			23b. ADDRESS Trenton, Mo		23c. DATE SIGNED 12-26-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 27 1952	24c. NAME OF CEMETERY OR CREMATORY A.F. & AM. Cemetery	24d. LOCATION (City, town, or county) (State) Spickard, Mo.		
DATE REC'D BY LOCAL REG. 12-27-52	REGISTRAR'S SIGNATURE Jane Jarvis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS-BLACKMORE Trenton, 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 *Jordan Blackmon*
Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.