

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13283

State File No. _____

APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. V8

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> <u>0100</u>	
c. LENGTH OF STAY (in this place) <u>yes</u>		d. STREET ADDRESS (If rural, give location) <u>320 S. Hickman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 - S. Hickman</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Berry</u> c. (Last) <u>Scholl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 19 - 1953</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>Feb. 1 - 1889</u>	9. AGE (in years) last birthday <u>64</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Joe Scholl</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie V. Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Estelle Scholl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-24-4033</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Estelle Scholl, Centralia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 days</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>			WOK NOW
		DUE TO (c) <u>Diabetes: Asthma</u>			
		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	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.)	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 March 26, 1953, to April 19, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 7:36 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Lachance, M.D.</u>	23b. ADDRESS <u>110 W. 2nd, Centralia, Mo.</u>	23c. DATE SIGNED <u>4/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 21 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 22 - 1953</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul O. Ballou, Centralia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1953

APR 30 1953

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 *Paul J. Baller* _____

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.