

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

State File No. **28385**

**FILED AUG 24 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4200 Registrar's No. 766

<b>1. PLACE OF DEATH</b> a. COUNTY <b>GREENE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>Ash Grove</b>		c. CITY OR TOWN <b>Ash Grove</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ELSIE</b> b. (Middle) _____ c. (Last) <b>SCHAID</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 15 1953</b>					
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 20, 1892</b>	<b>9. AGE</b> (In years last birthday) <b>61</b>	# UNDER 1 YEAR Months <b>6</b>	# UNDER 1 YEAR Days <b>25</b>	# UNDER 1 YEAR Hours _____	# UNDER 1 YEAR Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Greene County, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		

<b>13a. FATHER'S NAME</b> <b>ISAAC JAMES A. HURST</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNIE STOCKTON</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>AL SCHAID</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Damie Daniel</b> <b>Ash Grove, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) _____ *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Sudden</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Suffocation by Fire</b>		<b>Sudden</b>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>3rd. Degree Burns</b>		
DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____ <b>E9160</b> _____ _____ <b>16</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Ash Grove Greene Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>Aug. 15 '53 10:45</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Accident</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:45 P.** m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Name or title) <b>Dr. E. Allen Fickens, Coronor</b>	<b>23b. ADDRESS</b> <b>SPRINGFIELD, MO.</b>	<b>23c. DATE SIGNED</b> <b>8-19-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Aug. 18, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ash Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ash Grove, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-20-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Edith Williamson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Damie Daniel - Ash Grove - Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1962

**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 \_\_\_\_\_

*Wayne L. Hamill*

Licensed Embalmer No. *4102*

P. O. Address *4th Cross, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.