

FILED SEP 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28526

| | | | | | | | |
|---|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>275</u> | | PRIMARY REG. DIST. NO. <u>3053</u> | | Registrar's No. <u>163</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rolla</u> | | c. LENGTH OF STAY (in this place) <u>4 months</u> | | c. CITY OR TOWN <u>Morrison</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rfd # 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> | | | b. (Middle) <u>WILHELMINE</u> | | | c. (Last) <u>SCHOLLMAYER</u> | |
| 4. DATE OF DEATH <u>Aug. 31, 1954</u> | | | 4. DATE (Month) (Day) (Year) | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Nevered Married</u> | | 8. DATE OF BIRTH <u>July 27, 1889</u> | |
| 9. AGE (In years last birthday) <u>65</u> | | if UNDER 1 YEAR <u>1</u> Days | | if UNDER 2 HRS. <u>4</u> Hours | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hope, Mo.</u> | | | |
| 13a. FATHER'S NAME <u>Frank Schollmeyer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Christina Kruger</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Herman Kuester, Morrison, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> <u>2-7-54</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma descending colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> | |
| 19a. DATE OF OPERATION <u>8 Mo. approx.</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma descending colon with metastases of liver</u> | | | | 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) | | 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>2-7-54</u> , to <u>8-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-30</u> , 19 <u>54</u> , and that death occurred at <u>9:35 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James M. Myers M.D.</u> | | | | 23b. ADDRESS <u>Rolla, Mo</u> | | 23c. DATE SIGNED <u>9/3/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 6, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Byers E & R</u> | | 24d. LOCATION (City, town, or county) (State) <u>Osage County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 3, 1954</u> | | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morrison Funeral Home, Linn, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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..... Signature of Student Embalmer

Signed *Vernon M. Monte*.....

Licensed Embalmer No. *417*.....

P. O. Address *Long*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.