

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33681**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **4202** Registrar's No. **157**

0400

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) SPICKARD		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SPICKARD
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0400			

3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) DAVID c. (Last) SCHOOLER			4. DATE OF DEATH (Month) (Day) (Year) OCT 17 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 27-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MILL GROVE MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MILTON SCHOOLER		13b. MOTHER'S MAIDEN NAME CLORA KING		14. NAME OF HUSBAND OR WIFE MALISSIE SCHOOLER	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MALISSIE SCHOOLER SPICKARD 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular - Arterial Disease 2 years		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
				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		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) 442X	
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 **OCT 17 1954**, to **OCT 17 1954**, that I last saw the deceased alive on **OCT 17 1954**, and that death occurred at **3:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Claver F. Duffey, M.D.		(Degree or title)		23b. ADDRESS Newton Mo		23c. DATE SIGNED OCT 18 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-19-1954		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		24d. LOCATION (City, town, or county) SPICKARD MO.	
DATE REC'D BY LOCAL REG. 10-19-54		REGISTRAR'S SIGNATURE Gene Jaw		25. FUNERAL DIRECTOR'S SIGNATURE SCHOOLER FUNERAL HOME		ADDRESS SPICKARD MO.	

1951

1952

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 *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard?*

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.