

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3581**

FILED JAN 11 1955

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4475		Registrar's No. 2				
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Schuyler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lancaster			c. LENGTH OF STAY (in this place) 32 yrs		c. CITY OR TOWN Lancaster		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION.				e. STREET ADDRESS (If rural, give location) 0980						
3. NAME OF DECEASED (Type or Print) a. (First) Alice			b. (Middle) Schooler		c. (Last) York		4. DATE OF DEATH (Month) (Day) (Year) 1-6-55			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-2-1873		9. AGE (In years last birthday) 81		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Educational		11. BIRTHPLACE (City and State or Foreign Country) Indianola, Iowa			12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Thomas Schooler			13b. MOTHER'S MAIDEN NAME Jane Cartwright			14. NAME OF HUSBAND OR WIFE Charles M. York				
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 Parker York, Kirksville, Mo				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 minutes Year		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 1-13 , 1954 , to 1-6 , 1955 , that I last saw the deceased alive on 12-28 , 1954 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) H.R. Stoker, D.O.				23b. ADDRESS Lancaster, Missouri			23c. DATE SIGNED 1-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-1955		24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		24d. LOCATION (City, town, or county) (State) Lancaster, Mo.				
DATE REC'D BY LOCAL REG. 1-8-55		REGISTRAR'S SIGNATURE Barbara J. Drake			25. FUNERAL DIRECTOR'S SIGNATURE James H. Sigal		ADDRESS Kirksville, Mo.			

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

MS
MAY 3
1901

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 *Harold R. Wiggins*

Licensed Embalmer No. *429*

P. O. Address *Yorkville*

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.