

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7714

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5401 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL CHAMPION</u> )	c. LENGTH OF STAY (In this place) <u>5 YRS.</u>	c. CITY OR TOWN <u>BUCHHART MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0394</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ONE MILE NORTH BUCHHART</u>		e. STREET ADDRESS (If rural, give location) <u>ONE MILE NORTH BUCHHART</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GLENN</u>	b. (Middle) <u>KURTZ</u>	c. (Last) <u>SCHERER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-55</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>11-11-1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>1 WATERVILLE KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK SCHERER</u>	13b. MOTHER'S MAIDEN NAME <u>IDA MAY PURDUE</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Scherer Buchhart, mo.</u>	ADDRESS _____
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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, ashenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> 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 checked="" type="checkbox"/> <u>391 X</u>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to March 22, 1955, that I last saw the deceased alive on March 18, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fielden W. Chambers, M.D.</u>	23b. ADDRESS <u>Maintenance Home, Mo.</u>	23c. DATE SIGNED <u>3-25-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VANZANT</u>	24d. LOCATION (City, town, or county) (State) <u>VANZANT MO 170</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 1-55</u>	REGISTRAR'S SIGNATURE <u>Wesley Buchanan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth Barber</u>	ADDRESS <u>Wm. Strong, Mo</u>
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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 *Rev. Bobb*

Licensed Embalmer No. *38*

P. O. Address *W. H. 98*

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.