

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16133

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Nodoway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>15 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-- Clark Twsp.</u> <u>0030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2 Mi. S.E. of Fairfax</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BION</u>		b. (Middle) <u>BRUCE</u>	c. (Last) <u>SCHOOLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1955</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Atchison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>E. Heath Schooler</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Walkup</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Schooler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Schooler Fairfax Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</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) <u>Prostatic hypertrophy?</u>				
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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 <u>1-22-</u> , 1955, to <u>5/15</u> , 1955, that I last saw the deceased alive on <u>5-15</u> , 1955, and that death occurred at <u>9:58A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. B. Dyland M.D.</u>			23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1955</u>	24c. NAME OF CEMETERY (If crematorium) <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-21-55</u>	REGISTRAR'S SIGNATURE <u>Bess Hull's</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>229</u>	ADDRESS <u>Schooler Funeral Home Fairfax Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

1957
MAY 2 4 1957

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 Marvin N. Schesle

Licensed Embalmer No. 4162

P. O. Address Fairfax

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

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