

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29194

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>3169</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Scott</u>		d. STREET ADDRESS (If rural, give location) <u>1200 /</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1200 /</u>				
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)			b. (Middle) <u>(N.M.N.)</u>		c. (Last) <u>SCHOLZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1955</u>	
5. SEX <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>Oct 6, 1892</u>		9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours Min.	
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Whitewater, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Scholz</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Knorr</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Inell Scholz</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-05-9489</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Scholz</u> ADDRESS <u>Scott, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>				DUE TO (b) <u>Coronary artery disease</u>		<u>9-10-55</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>4201</u>		<u>?</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>arterial embolism of right leg</u>		<u>48 hr.</u>		
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 <u>9-18-</u> , 19 <u>55</u> , to <u>9-23</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>9-22</u> , 19 <u>55</u> , and that death occurred at <u>7:30 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>				23b. ADDRESS <u>719 Broadway Cape Girardeau Mo</u>		23c. DATE SIGNED <u>9-26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>9-27-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Display Off Funeral Home Illinois, Mo</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

1955 OCT 19 100

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Oliver P. Arnold*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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

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