

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16994

State File No.

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIF.</u> b. COUNTY <u>SAN DIEGO</u>			
b. CITY OR TOWN <u>MARCELINE</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>	c. CITY OR TOWN <u>EL CAJON</u>		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 <u>ST. FRANCIS HOSP</u>			STREET ADDRESS (If rural, give location) <u>413 S. MAGNOLIA 80th 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAY</u>		b. (Middle) <u>WILLIAM</u>	c. (Last) <u>SCHOLES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-4-1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>GREENFIELD IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WALTER SCHOLES</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA LOWDEN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. SAID</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	(If yes, give war or dates of service) <u>SPANISH AMER.</u>	16. SOCIAL SECURITY NO. <u>572-12-4103A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca W. ...</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach & Carcinoma</u> 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. <u>Culmin of line</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</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>April 2, 1956</u> , to <u>May 12, 1956</u> , that I last saw the deceased alive on <u>May 12, 1956</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>George Gary ...</u>			23b. ADDRESS <u>Marceline Missouri</u>		23c. DATE SIGNED <u>5-15-56</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>CREMATION</u>	24b. DATE <u>5-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMERS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>5-14-56</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Redway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Telephon</u>		ADDRESS <u>MARCELINE MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1956

MAR 13 1963

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 *Silburn K. Tielats*

Licensed Embalmer No. *45*

P. O. Address *Marcel*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.