

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24326

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 59

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| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <u>MO</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle township</u> | | c. LENGTH OF STAY (In this place) | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u> | | e. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RIDEY</u> | b. (Middle) | c. (Last) <u>SCHALLER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1956</u> |
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| 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>May 3, 1888</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 15 MIN. 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>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Frank Schaller</u> | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Hatcher</u> | 14. NAME OF HUSBAND OR WIFE |
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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>RUSSELL Schaller</u> | ADDRESS <u>Ewing</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular accident</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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 Aug, 1953, to 2 Aug, 1956, that I last saw the deceased alive on 28 July, 1956, and that death occurred at PCA m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John W. Willis DO</u> | (Degree or title) | 23b. ADDRESS <u>Lewis town MO</u> | 23c. DATE SIGNED <u>2 Aug 56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Aug 4, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u> | 24d. LOCATION (City, town, or county) (State) <u>Palmyra MO</u> |
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| DATE REC'D BY LOCAL REG. <u>8-6-56</u> | REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> | ADDRESS <u>Ewing, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

W.M.

161-0

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address..... *Ewing. T.*

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