

FILED MAR 13 1957

STANDARD CERTIFICATE OF DEATH

5854

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Sturgeon</u> <u>0100</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 1</u>	
Length of stay in 1b <u>4 weeks</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>First</u> <u>Middle</u> <u>Last</u> <u>WILLIAM ROBERT SCHOOLING</u>			4. DATE OF DEATH Month <u>2</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>18</u> Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Randolph Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Robert Pollard Schooling</u>			14. MOTHER'S MAIDEN NAME <u>Cordelia Winn</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 <u>Mrs. Jess Hodge, RFD 1, Sturgeon, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u> days
DUE TO (b) <u>Acute Circulatory Failure</u>		<u>2</u> days
DUE TO (c) <u>Atherosclerosis</u>		<u>Not known</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>4500</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT- <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>0</u>		
20c. TIME OF INJURY Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a. m. <u>---</u> p. m. <u>---</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from <u>February 28 1957</u> to <u>February 28 1957</u> and last saw <u>him</u> alive on <u>Feb 28, 1957</u> Death occurred at <u>1200 Noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Denny J. Stewart</u> (Degree or title) <u>P.O.</u>	22b. ADDRESS <u>Sturgeon, Mo.</u>	22c. DATE SIGNED <u>3/1/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sturgeon, Boone Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>Bill E. Meade</u> ADDRESS <u>Sturgeon, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>3-2-57</u>	26. REGISTRAR'S SIGNATURE <u>Seaborn Lowe</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

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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 Richard A. Norton, Student Embalmer No. 57 working under my personal supervision.

Student Richard A. Norton
Signature of Student Embalmer

Signed Bill J. Meador
Licensed Embalmer No. 48
P. O. Address Sturgeon

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.