

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33715
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5316 Registrar's No. 149

S. 300
ev. 1-5710
071

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clear Creek #2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Pilot Grove 02</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 miles South of Pilot Grove</u>		Length of stay in 1b	d. STREET ADDRESS (If inside, give location) <u>7 miles SW of Pilot Grove</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELZIA-DIXON-ASHCRAFT</u>			4. DATE OF DEATH Month Day Year <u>Dec. 2, 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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 14, 1880</u>
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>same</u>	11. BIRTHPLACE (City and state or country) <u>Coleene, Ind.</u>
13a. FATHER'S NAME <u>William James Scherff</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Dobbin</u>	13c. NAME OF HUSBAND OR WIFE <u>Marie Scherff</u>
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.	17. INFORMANT <u>Mrs. Carl Deussle, Pilot Grove, 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>Cerebral Hemorrhage</u> DUE TO (b) <u>Atherosclerosis of V. Coronary</u> DUE TO (c) <u>MI</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renal Hypertension, Prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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>July 17 57</u> to <u>Dec 1957</u> and last saw him alive on <u>Nov 12 1957</u> Death occurred at <u>Dec 2 1957</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Siegel MD</u> (Degree or title)		22b. ADDRESS <u>Smalltown Mo</u>	
22c. DATE SIGNED <u>12/2/57</u>			
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
24. FUNERAL DIRECTOR <u>Hays-Painter</u> Address <u>Pilot Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12/5/57</u>	26. REGISTRAR'S SIGNATURE <u>J. Hooper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Blot Grove, N.C.*

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