Health, & Welfare Public Service

. 300
1-57

3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010833
STATE FILE NUMBER

Registration District No. 246 Primary Registration District No. 2007 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN: RURAL SHOAL CREEK TWSP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN 1495 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1501 E. 2ND ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NOLLEY (OLA) Middle VESS Last SCHOLL

4. DATE OF DEATH: Month MARCH Day 3 Year 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: DEC. 16, 1892

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PUMP REPAIRMAN

10b. KIND OF BUSINESS OR INDUSTRY: PUMPS

11. BIRTHPLACE (City and state or country): FULTON, MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOE SCHOLL

13b. MOTHER'S MAIDEN NAME: ------ BERRY

14. NAME OF HUSBAND OR WIFE: MARGARET SCHOLL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: MRS. MARGARET SCHOLL, Address: 1501 E. 2ND ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 0

20c. TIME OF INJURY: Hour a.m. p.m. 3P Month, Day, Year 3/3/58

Dropped dead while working

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On farm

20f. CITY, TOWN, OR LOCATION COUNTY STATE: Newton County Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oarley Thompson Coroner 3

22b. ADDRESS: Neosho Missouri

22c. DATE SIGNED: 3/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 3-6-58

23c. NAME OF CEMETERY OR CREMATORY: HORNET CEMETERY,

23d. LOCATION (City, town, or county) (State): HORNET, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG.: 3-12-1958

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. Newton
District File Number 358-60
Date Filed MAR 17 1958

MAR 25 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.