

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025779
STATE FILE NUMBER 3407

FILED JUL 30 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4230 CAMPBELL ST. | | Length of stay in lb 44 yrs | d. STREET ADDRESS (If outside, give location) 4230 CAMPBELL |
| 3. NAME OF DECEASED (Type or print) First FERN Middle MINOUS Last SCHOLIN | | 4. DATE OF DEATH Month July Day -9 Year 1958 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCT-6-1899 |
| 9a. AGE (In years last birthday) 58 | | 9b. UNDER 1 YEAR Months Days | 9c. UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) HARTVILLE, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME JOHN A. CANTRELL | |
| 13b. MOTHER'S MAIDEN NAME MARY MINOUS | | 14. NAME OF HUSBAND OR WIFE VERNER C. SCHOLIN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT VERNER C. SCHOLIN |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis Heart Disease</i> | | INTERVAL BETWEEN ONSET AND DEATH 4200 | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Blood sample for alcohol analysis</i> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | | | |
| 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 _____ to _____ and last saw her alive on _____ Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Wm. O. Owens</i> | | 22b. ADDRESS 1034 Pleasantly | |
| 22c. DATE SIGNED 7-10-58 | | 22d. (State) | |
| 23a. BURNING, CREMATION, REMOVAL (Specify) | 23b. DATE JULY 12 1958 | 23c. NAME OF CEMETERY OR CREMATORY LOWREY CITY CEMETERY | 23d. LOCATION (City, town, or county) LOWREY CITY MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | ADDRESS 4531 BAUGH COBBLE BLVD KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 7-12-58 |
| 26. REGISTRAR'S SIGNATURE <i>neva minshall</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every coroner, etc., must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Hugh H. Owens

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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 *Vern Lavender*

Licensed Embalmer No. *4915*

P. O. Address *H.C. M.*

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.