

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035338
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LEWISTOWN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAUGHLIN</u>		Length of stay in 1b <u>5 hrs.</u>	d. STREET ADDRESS (If outside, give location) *****

3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH JANE SCHOFIELD</u>			4. DATE OF DEATH Month Day Year <u>10 5 1958</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>JUNE 18, 1871</u>	9. AGE (In years) <u>87</u>	IF UNDER 1 YEAR Months Days <u>3 17</u>	IF UNDER 24 HRS. Hours Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXX</u>	11. BIRTHPLACE (City and state or country) <u>LEWISTOWN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>BENJAMIN VERNON</u>	13b. MOTHER'S MAIDEN NAME <u>HULDA NEWLON</u>	14. NAME OF HUSBAND OR WIFE <u>RUFUS SCHOFIELD</u>
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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>NONE</u>	17. INFORMANT Address <u>ORA B. PARKS SULPHUR, OKLAHOMA</u>
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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>Shock</u> <u>multiple fractures of the rd. femur, humerus, pelvis & left lower leg.</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. } DUE TO (b) <u>Automobile accident</u> DUE TO (c) <u>Automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u> <u>4 1/2 hrs.</u> <u>4 1/2 hrs.</u>
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input checked="" 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>Victim struck by automobile while walking along side of road in home town</u>
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20c. TIME OF INJURY <u>Appx. 7:30 p.m. 10-4-58</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>056</u> COUNTY <u>Lewis</u> STATE <u>Mo.</u>
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21. I attended the deceased from <u>Oct. 4, 1958</u> to <u>Oct. 5, 1958</u> and last saw her alive on <u>Oct. 5, 1958</u> Death occurred at <u>12:35 A.M.</u> on the date stated above; and to the best of my knowledge, from the cause stated.
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22a. SIGNATURE (Name or title) <u>J. L. Carter, M.D.</u>	22b. ADDRESS <u>2 Kirkville, Mo.</u>	22c. DATE SIGNED <u>10-26-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN, CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>Charles A. ...</u>	ADDRESS <u>LEWISTOWN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>10-27-1958</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Raliff</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300
1-57

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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 *Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address... LEWISTOWN, 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.