MO. DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59-031890
STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: DOUGLAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CHAMPION — Length of stay in 1b: 54 yrs
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION: — Inside limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: DOUGLAS
c. CITY OR TOWN: DRURY — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: IDA Middle: MAY Last: SCHERER

4. DATE OF DEATH: Month: SEPT. Day: 12 Year: 1959

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: FEB. 11 1871

9. AGE (last birthday): 88

IF UNDER 1 YEAR: Months: 7 Days: 7 — IF UNDER 24 HR: 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): PLESANT HILL MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: DANIEL GREEN PERDUE

13b. MOTHER'S MAIDEN NAME: ICY CATHERINE FROST

14. NAME OF HUSBAND OR WIFE: FRANCKE SCHERER

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.:

17. INFORMANT: Hazel Scherer — Address: Drury Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Embolism & Medullary Failure	12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac Mural Thrombosis	3 weeks
DUE TO (c)	Arteriosclerosis	3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 12-59, to Sept 12-59 and last saw her alive on Sept 12-59
Death occurred at 10:47 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Rte. Mitchem (Degree or title): DO

22b. ADDRESS: Mtn. Grove, Mo.

22c. DATE SIGNED: 9-22-59

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

23b. DATE: SEPT. 15-59

23c. NAME OF CEMETERY OR CREMATORY: VANZANT

23d. LOCATION (City, town, or county): VANZANT (State): MO

24. FUNERAL DIRECTOR: Barber F. Home — ADDRESS: MTN. GROVE

25. DATE RECD. BY LOCAL REG.: Mo. Sept 25-59

26. REGISTRAR'S SIGNATURE: Vestal Buckman

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

DEC 29 1959

STATEMENT BY LICENSED EMBALMER JAN 4 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Mem. Ho

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