

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020126

FILED VS MAY 19 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 192

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b	c. CITY OR TOWN Palmyra
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long's Rest Home, 3301 Market		Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Palmyra Missouri
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MARGARET DRESCHER SCHOFIELD			4. DATE OF DEATH Month May Day 11 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 9 Days 26	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) Palmyra Missouri	12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME John W. Drescher		13b. MOTHER'S MAIDEN NAME Belle Lampton		14. NAME OF HUSBAND OR WIFE Madison Schofield (Dec.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Henry Drescher Palmyra Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 **Feb. '1958** to **May 11, 1960** and last saw her/him alive on **May 9, 1960**
Death occurred at **6:12 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. J. Roller, (Degree or title) M.D.		22b. ADDRESS 291 St. Mary's Avenue Hannibal, Missouri		22c. DATE SIGNED 5/13/60
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 5/14/1960	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal Missouri

24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 5/17/60	26. REGISTRAR'S SIGNATURE Dr. E. D. Luche by William M. Sherman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed John A. Spauld

Licensed Embalmer No. ~~xxxx~~ 4540

P. O. Address Hannibal Miss

AVENUE 3'
MISSOURI

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