

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 10 1960

68

Primary Registration District No. 5266

Registrar's No. 25

=60-022587

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Ozark		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark Finney Twp.		Length of stay in lb 25 days	c. CITY OR TOWN Hammond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN Binyle Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Thornfield twp.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edwin Jackson Schofield			4. DATE OF DEATH Month Day Year 6-29-1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-14-1873	9. AGE (last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sawmill Oper.		10b. KIND OF BUSINESS OR INDUSTRY Own.	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ellis Schofield		13b. MOTHER'S MAIDEN NAME Laura Luckenbaugh		14. NAME OF HUSBAND OR WIFE Adeline Turley	
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. 553-18-9903	17. INFORMANT Address J.A. Schofield Hammond, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Prostatism & Proctitis		DUE TO (c) Hypertrophy of Prostate Gland	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)					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 6/22/60 to 6/22/60 and last saw her/him alive on 6/22/60 Death occurred at 1:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Conrad P. McCormick DO			22b. ADDRESS Ozark Mo		22c. DATE SIGNED 7/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-1960	23c. NAME OF CEMETERY OR CREMATORY Lutie		23d. LOCATION (City, town, or county) (State) Ozark Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS Clinkbeard Funeral Home Ava, Missouri.			25. DATE RECD. BY LOCAL REG. July 9-1960	26. REGISTRAR'S SIGNATURE Lutita Leonard	

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 R. Zaney

Licensed Embalmer No. 4885

P. O. Address Hamersville

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