

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036352

STATE FILE NUMBER

AMENDED

77  
 FILED OCT 23 1961

Primary Registration District No.

3046

Registrar's No.

302

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Osage</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Chamois</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>AUGUST</b> Middle <b>HENRY</b> Last <b>SCHOLLMMEYER</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>12</b> Year <b>61</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 19-92</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance</b>	11. BIRTHPLACE (City and state or country) <b>Hope, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Frank Schollmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Wilamina Krueger</b>		14. NAME OF HUSBAND OR WIFE <b>Zilla Schollmeyer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 26 April 18 to 10 June 19</b>		16. SOCIAL SECURITY NO. <b>26 April 18 to 10 June 19</b>	17. INFORMANT <b>Zilla Schollmeyer</b>		Address <b>Chamois, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b> <b>(? Basilar artery thrombosis)</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>? Bronchopneumonia 2° to aspiration</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>10/9/61</b> to <b>10/12/61</b> and last saw <sup>her</sup> him alive on <b>10/12/61</b> Death occurred at <b>7:30</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>J. J. Sanders MD</b>			22b. ADDRESS <b>575 E. High St., Jeff. City, Mo.</b>		22c. DATE SIGNED <b>10/13/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>16 Oct 61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union, Cemetery</b>	23d. LOCATION (City, town, or county) <b>Gasconade, Missouri</b>			
24. FUNERAL DIRECTOR <b>Stanley E. Meyer</b>		ADDRESS <b>Chamois, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>17 October 1961</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Warrick MD - Richter Reg.</b>		

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 23 1961

OCT 26 1961

**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 Stanley E. Meyer  
Licensed Embalmer No. 4639

P. O. Address Chamois, 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.