

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH MO. **APR 6 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **38**

1. PLACE OF DEATH
a. COUNTY **Ray**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Ray** **1870**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural - Richmond**

c. CITY OR TOWN **Richmond**

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5 miles north of Richmond**

e. STREET ADDRESS (If rural, give location) **5 miles north of Richmond**

3. NAME OF DECEASED
a. (First) **GEORGE** b. (Middle) **WHEELER** c. (Last) **SCHOOLER**

4. DATE OF DEATH **April 1, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**

8. DATE OF BIRTH **July 27, 1882**

9. AGE (In years last birthday) **71** IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) **Ray County, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wm. M. Schooler**

13b. MOTHER'S MAIDEN NAME **Addie Schooler**

14. NAME OF HUSBAND OR WIFE **---**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Wm. N. Schooler, Richmond, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of Stomach**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **151 X**

INTERVAL BETWEEN ONSET AND DEATH
6 mo.
± 2 yrs?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Febr 23, 1954**, to **April 1, 1954**, that I last saw the deceased alive on **March 25, 1954**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **M. Johnson** (Print name or title)

23b. ADDRESS **Richmond, Mo.**

23c. DATE SIGNED **4/2/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) DATE **Burial April 4, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Schooler Cemetery**

24d. LOCATION (City, town, or county) (State) **Ray County, Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **April 3-1954 Malcol Jackson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thyman Funeral Home Richmond, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Tom L. Husman*.....

Licensed Embalmer No...4563

P. O. Address...Richmond, M

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