

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016894

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

226

Primary Registration District No.

5815

Registrar's No.

42

FILED MAY 14 1963

VS 300
Rev. 4/59

1 0710

2 0710

3

4 1

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

MORGAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rural Hawcreek

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4 miles South Stover

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MORGAN

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

STOVER

d. STREET ADDRESS

4 miles South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First RENA

Middle Elizabeth

Last SCHEERER

4. DATE OF DEATH

Month MAY

Day 9

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 3 1908

9. AGE (last birthday)

55

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

California Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wilson Brown

13b. MOTHER'S MAIDEN NAME

Rosie M. Field

14. NAME OF HUSBAND OR WIFE

Chris Scheerer

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.

499-24-2838

17. INFORMANT

Chris Scheerer

Address

Stover, 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)

Acute Myocardial Infarction

DUE TO (b)

Coronary Artery Occlusion

DUE TO (c)

Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Seconds

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

Cardiac De compensation

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

Month, Day, Year

a.m.

p.m.

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 7/7/62

to 5/9/63

and last saw her alive on 4/22/63

Death occurred at 10 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Stover, Mo

22c. DATE SIGNED

5/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

California Cemetery

23d. LOCATION (City, town, or county)

California, Mo.

24. FUNERAL DIRECTOR

Scribner-Stevenson

ADDRESS

Stover, Mo.

25. DATE RECD. BY LOCAL REG.

5-11-63

26. REGISTRAR'S SIGNATURE

J. L. Vastbun

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 20 1963

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

James R. Scrim

Licensed Embalmer No. 4880

P. O. Address

Vermont, Me.

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.