

No. 309
10.48

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9469

540

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>	PRIMARY REG. DIST. NO. <u>4271</u>	Registrar's No. <u>22</u>
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alma,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alma</u> <u>1540</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Schumacher</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>12</u> <u>50</u>				
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/15/1890</u>	9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Concordia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>Fred Schumacher</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stegemiller</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Schmidt</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-09-8956</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warner Schumacher</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET (AND DEATH) <u>about 18 hours</u> <u>4:30)</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>3/11</u> <u>1950</u> , to <u>3/12</u> , 1950, that I last saw the deceased alive on <u>3/12</u> , 19 <u>50</u> , and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Jordan Spelling, D. O.</u>		23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>3/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Luth.</u>
24d. LOCATION (City, town, or county) (State) <u>Concordia, Laf. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>March 13 1950</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Bremer</u>
		ADDRESS <u>Alma, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 21
District Health Officer No. 8.
District File Number.....
Date Filed 3/23/50

JUN 12 1951

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
Student Embalmer

Signed Alfred H. Bremer
Licensed Embalmer No. 2696
P. O. Address Alma, 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 this body is not embalmed, fact should be so stated above.