

No. 300
10.48
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FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29848

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4565 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Sullivan</u> c. LENGTH OF STAY (in this place) <u>20 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u> <u>BOONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sullivan, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>V.</u> c. (Last) <u>Schuler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 24 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Oliver H. Rhodus</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lyons</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Schuler</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Schuler, Sullivan, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u> <u>25 years</u> <u>Dec 1948</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>fracture right hip</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>447XF</u>
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22. I hereby certify that I attended the deceased from 1935, 1935, to 9-24, 1950, that I last saw the deceased alive on 9-24, 1950, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed. Praitor M.D.</u>	23b. ADDRESS <u>Sullivan Mo</u>	23c. DATE SIGNED <u>9/27/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anaconda</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin, Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/27/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sullivan</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

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.

Signed _____

Allen C. McFadden

Signed _____

Student Embalmer

Licensed Embalmer No. 9543

P. O. Address Sullivan, 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.