

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32703**

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FILED OCT 30 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1209

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>70 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Washington Twn.)</b> <span style="float: right;">0110</span>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>723 South 11th, St. Duncan Nursing home</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>--</b> c. (Last) <b>Schiller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 27, 1875</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teamster (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (State or foreign country) <b>Casey, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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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) <b>XXXX NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruby Fahey-Rosemead, California</b>	ADDRESS <b>Rosemead, California</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriolosclerotic Heart Disease</b>		<b>1 year</b>
	*ANTECEDENT CAUSES DUE TO (b) <b>Arteriolosclerosis Generalized</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <b>XXXXXXXXXX</b>		<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>XXXXXX</b>	<b>XXXXX</b>

19a. DATE OF OPERATION <b>XXXXXXXXXX</b>	19b. MAJOR FINDINGS OF OPERATION <b>XXXXXXXXXX</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>XXXXXXXXXX</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>XXXXXXXXXX</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XXXXXXXXXX 4207</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XXXXXXXXXX</b>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XXXXXXXXXX</b>

22. I hereby certify that I attended the deceased from Mar. 2, 1950 to Oct. 18, 1950, that I last saw the deceased alive on Oct. 17m, 1950 and that death occurred at 8:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl C. Casley</b>	23b. ADDRESS <b>Schneider building St. Joseph, Missouri</b>	23c. DATE SIGNED <b>10-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 20, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 28, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home</b>	ADDRESS <b>St. Joseph, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles M. Herman*

Licensed Embalmer No.

*4487*

P.-O. Address

*St. Joseph*

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.