

760

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

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>4392</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY OR TOWN <u>Westphalia Mo</u>		c. LENGTH OF STAY (If in place)		c. CITY OR TOWN <u>Westphalia</u>		0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Westphalia Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Westphalia</u>			
3. NAME OF DECEASED (Type or Print) <u>BERNARD</u>		a. (First)		b. (Middle) <u>SCHAUWECKER</u>		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Oct.</u>		<u>28</u>		<u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Married</u>		<u>Married</u>		<u>Nov. 13, 1865</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Westphalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bernhard Schauder</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hoer</u>			14. NAME OF HUSBAND OR WIFE	
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 <u>Mrs. Joe Luckert</u> ADDRESS <u>Westphalia</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infection Left</u>					442X
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio vascular disease</u> DUE TO (c) <u>arterio Sclerosis</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)		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>8-8</u> , <u>1949</u> , to <u>10-28</u> , <u>1950</u> , that I last saw the deceased alive on <u>10-27</u> , <u>1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Mc Kully M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>10-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-14-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. H. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J.C. Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 20 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 _____

Donan H. James

Student Embalmer No. *374*

working under my personal supervision.

Student *Donan H. James*
Student Embalmer

Signed _____

Sylvester Dulle

Licensed Embalmer No. *4321*

P. O. Address _____

Jefferson City, 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.