

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3891

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY De Kalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron 0320	
c. LENGTH OF STAY (in this place) 100 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 7			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joseph c. (Last) Schumacher			4. DATE OF DEATH (Month) (Day) (Year) 2 18 1951		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 23, 1883		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 1 Days 18		IF UNDER 6 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Self employed			11. BIRTHPLACE (State or foreign country) De Kalb County Mo			12. CITIZEN OF WHAT COUNTRY? America		
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13a. FATHER'S NAME Friedrich Schumacher			13b. MOTHER'S MAIDEN NAME Catherine Christine Wildford			14. NAME OF HUSBAND OR WIFE		
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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)		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE AND ADDRESS Lester Cross Cameron Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs +	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			5 yrs +	
		DUE TO (c) Diabetes Mellitus			Indefinite	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Indefinite	

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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2-11-51, 1951, to 2-11-51, 1951, that I last saw the deceased alive on 2-11-51, 1951, and that death occurred at 6 pm m., from the causes and on the date stated above.

23a. SIGNATURE O. E. Cassins M.D. (Degree or title)		23b. ADDRESS State Hospital # 7		23c. DATE SIGNED 2-11-1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-51		24c. NAME OF CEMETERY OR CREMATORY Osborn Cem		24d. LOCATION (City, town, or county) (State) Osborn Mo	
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DATE REC'D BY LOCAL REG. Feb 15, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Blaud Funeral Home Carnew	
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(Licensed Embalmer's Statement on Reverse Side)

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

0117g

pm

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert F. Roland

Signed.....
Student Embalmer

Licensed Embalmer No. 4777

P. O. Address Cameron 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.