No. 300
10.46

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

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4377

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific 0250
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): B.
c. (Last): Schuchart

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1881
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locker plant owner
10b. KIND OF BUSINESS OR INDUSTRY: Frozen food locker
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Schuchart
13b. MOTHER'S MAIDEN NAME: Tressia Phiffer
14. NAME OF HUSBAND OR WIFE: Anna M. Schuchart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 494-07-6024
17. INFORMANT'S SIGNATURE OR NAME: Anna M. Schuchart
ADDRESS: Pacific Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) endocarditis

DUE TO (c) inflammatory rheumatism — 4214

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 19 51, *to* Feb. 15, 19 51, *that I last saw the deceased alive on* Feb 15, 1951, *and that death occurred at* 5.15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Eichelberger D.C. (Degree or title)
23b. ADDRESS: Pacific Mo
23c. DATE SIGNED: 2-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memo. Pk.
24d. LOCATION (City, town, or county) (State): Pacific, Mo.

DATE REC'D BY LOCAL REG.: Feb. 16-51
REGISTRAR'S SIGNATURE: Mary B. Green
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. L. Theiss
ADDRESS: Pacific Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 19 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

SEP 1 0 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 Jno. L. Shields

Licensed Embalmer No. 3008

P. O. Address Pacific 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.