

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41136

FILED JAN 8 1952

State File No. \_\_\_\_\_  
Registrar's No. 75

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 4168

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

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home In Town			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) washington c. (Last) Schuchman		4. DATE OF DEATH (Month) (Day) (Year) 12 17 51	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Aug. 18, 1871
9. AGE (In years) (Months) (Days) (Hours) (Minutes) 79 3 39	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Ill, /
10a. KIND OF BUSINESS OR INDUSTRY Farm		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Schuchman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ida Mae Schuchman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Mae Schuchman Maysville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cerebral Spasmodic Paralysis</i>			6 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)			
11. 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. ALTOGETHER? 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 building, 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 July, 1945, to Dec 17, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harold Taylor M.D.</i>	23b. ADDRESS Maysville Mo	23c. DATE SIGNED 12-18-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-51	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn
24d. LOCATION (City, town, or county) (State) Maysville Mo		25. FUNERAL DIRECTOR'S SIGNATURE <i>John Brown Maysville Mo.</i>
DATE REC'D BY LOCAL REG. 1-3-52	REGISTRAR'S SIGNATURE <i>Roscoe Davidson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Brown Maysville Mo.</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *John B. [Signature]*  
Licensed Embalmer No. 3933

P. O. Address Maysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.