

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1489

State File No. ....

**FILED FEB 9 1952** REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Alma</b>	
c. LENGTH OF STAY (If in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle)			c. (Last) <b>SCHUETTI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 25 52</b>		
5. SEX <b>Ma</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 1, 1875</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret'd Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Basbeck, Germany</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Carl Henry Schuett</b>		13b. MOTHER'S MAIDEN NAME <b>Lena R. Von Glahn</b>		14. NAME OF HUSBAND OR WIFE <b>Charlottie S. Schuett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert Schuett</b> ADDRESS <b>Alma, Mo.</b>	

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, ashtenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder</b>				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) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>181X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Bladder</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4-26-48 to death, that I last saw the deceased alive on 1-25, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>T. E. Mc Millan</b> (Degree or title)		23b. ADDRESS <b>1819 Professional Bldg. Kansas City, Mo.</b>		23c. DATE SIGNED <b>1-26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-28-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Alma, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-27-52</b>		REGISTRAR'S SIGNATURE <b>Gertrudine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Wagner</b> ADDRESS <b>K C Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Prof Bo  
Jm Warren

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 Alvin R. Haunschula

Licensed Embalmer No. 4159

P. O. Address Kansas 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.