S. No. 300 FILED MAY 28 1952
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17107

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4274 Registrar's No. 37

0540
1

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

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AULLVILLE
c. LENGTH OF STAY (in this place): 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No Street Address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AULLVILLE 0540
d. STREET ADDRESS (If rural, give location): No Street Address. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle): Louis
c. (Last): SCHAECHTER

4. DATE OF DEATH (Month) (Day) (Year): May 18 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Aug 22, 1881
9. AGE (In years last birthday): 70 — 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): FARMING, RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (City and State or Foreign Country): WARREN COUNTY MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRITZ SCHAECHTER
13b. MOTHER'S MAIDEN NAME: MARY ECHELMEIER
14. NAME OF HUSBAND OR WIFE: MRS. ALICE SCHAECTER AULLVILLE MO

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.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ALICE SCHAECTER AULLVILLE, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism	3-5 minutes
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Phlebothrombosis	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Left Inquinal Herniorraphy	10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Left indirect inquinal hernia, Recurrent 466 X
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* 5-9, 1952, *to* 5-18, 1952, *that I last saw the deceased alive on* 5-18, 1952, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Bumgarner M.D.
23b. ADDRESS: Higginsville, Mo
23c. DATE SIGNED: 5-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: HIGGINSVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE MO

DATE REC'D BY LOCAL REG.: May 22-1952
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E. S. James Concordia Mo

(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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. L. Johnson

Licensed Embalmer No. 2058

P. O. Address Cowgill 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.