

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35389

State File No. ....

FILED NOV 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>County Home for the Aged</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		R. Rt.	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Little Blue - Independence</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>E</b> c. (Last) <b>(Schuster) Wynn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 17-52</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>separated</b>		8. DATE OF BIRTH <b>Feb. 10 1904</b>		9. AGE (In years last birthday) <b>48</b>		# UNDER 1 YEAR Months		# UNDER 24 HRS. Hours		# UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>house work</b>			11. BIRTHPLACE (State or foreign country) <b>Levasy Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>John H. Schuster</b>			13b. MOTHER'S MAIDEN NAME <b>Amelia Leutkemeyer</b>			14. NAME OF HUSBAND OR WIFE <b>Lloyd Wynn (Separated)</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. John H. Schuster-Levasy Mo.</b>		ADDRESS	
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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, ashenia, 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) <b>Bronchial pneumonia</b>		DUE TO (b) <b>Carcinomatous</b>				<b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				-	
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 <input type="checkbox"/> NO <input 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 4-1-52, 1952, to 10-17-52, 1952, that I last saw the deceased alive on 10-16-52, 1952 and that death occurred at 5:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. C. Glumenschein, M.D.</b>		23b. ADDRESS <b>Independence Mo.</b>		23c. DATE SIGNED <b>Oct. 18, 1952</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>OCT. 20, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Buckner Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Buckner Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>OCT. 20, 1952</b>		REGISTRAR'S SIGNATURE <b>Donald C. Sandberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>V. M. Roberts</b>		ADDRESS <b>Buckner</b>	
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REPRODUCED FROM ORIGINAL USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS AUG 15 1954

VS DEC 3 1954

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. 1

working under my personal supervision.

Student Student Embalmer

Signed *Thomas M. Reppert*

Licensed Embalmer No. 43

P. O. Address *Buckner*

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

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