

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41327

State File No. _____

LED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar No. 105

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallister</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallister</u>	
c. LENGTH OF STAY (In this place) <u>6 years</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stense</u> b. (Middle) <u>William</u> c. (Last) <u>Schudy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 19 1910</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 HRS: HOURS _____ MIN. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hempworth Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Frank Schudy</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Schudy</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie Schudy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-05-8994</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mamie Schudy</u>		ADDRESS <u>Hallister</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>			
		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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Feb, 1952, to 11-24, 1952, that I last saw the deceased alive on 11/23, 1952, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Nagness M.D.</u>		23b. ADDRESS <u>Bramson mo</u>		23c. DATE SIGNED <u>11/28/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park - Bramson</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whitehead</u>		ADDRESS <u>Bramson mo</u>	

DATE REC'D BY LOCAL REG. <u>11-28-52</u>		REGISTRAR'S SIGNATURE <u>S.E. Cooney</u>		376	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1952

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 Miriam J. Schulz

Licensed Embalmer No. 2277

P. O. Address Princeton, N.J.

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.