

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8632**

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) 0980	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) Rural - Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirkville Osteopathic Hospital		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Harvey Jacob Schuchman		4. DATE OF DEATH (Month) (Day) (Year) April 7 1953	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 13, 1892
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Schuchman		13b. MOTHER'S MAIDEN NAME Nancy Frantz	
14. NAME OF HUSBAND OR WIFE Evelyn Schuchman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Evelyn Schuchman		ADDRESS Downing, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Softening due to		8 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage.		4 years	
DUE TO (c) Hypertension		5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. glomerulo-nephritis.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331-X	
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 March 30, 1953 , to April 7, 1953 , that I last saw the deceased alive on April 7, 1953 , and that death occurred at 11:54 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Howard E. Gross, D.O.		23b. ADDRESS Kirkville, Missouri	
23c. DATE SIGNED 4-8-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 9, 1953	
24c. NAME OF CEMETERY OR CREMATORY Little York		24d. LOCATION (City, town, or county) (State) Little York, Ill.	
DATE REC'D BY LOCAL REG. 4-8-52		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home		ADDRESS Downing, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 9 1955

APR 21 1955

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed: *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.