S. No. 300
v. 10-48

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28145

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 103

270
1

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

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove Twp
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Blackwater
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 270
e. STREET ADDRESS (If rural, give location): 5 miles North of Pilot Grove

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): ANNA-MARGARET-SCHUSTER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1953

5. SEX: Fe
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 27, 1876
9. AGE (In years last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cletus Vollrath
13b. MOTHER'S MAIDEN NAME: Appolonia Martin
14. NAME OF HUSBAND OR WIFE: Henry Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Schweitzer — ADDRESS: Pilot Grove

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 4 weeks
DUE TO (c) apoplexy — 2 yrs

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: 334X
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* June, 1952, *to* Sept 1, 1953 *that I last saw the deceased alive on* Sept 1, 1953 *and that death occurred at* 11 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Keely D.O.
23b. ADDRESS: Pilot Grove Mo
23c. DATE SIGNED: 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Martins Cemetery
24d. LOCATION (City, town, or county) (State): Pilot Grove Mo

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: D.O. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hays - Painter, Pilot Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., ~~Student Embalmer No.~~ .....

~~working under my personal supervision~~..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 307

P. O. Address .....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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