

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42437

State File No. ....

FILED DEC 29 1953

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>86</u>  |  | PRIMARY REG. DIST. NO. <u>5328</u>   |  | Registrar's No. <u>10-1953</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Crawford</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>CRAWFORD</u>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Leasburg Rural Liberty</u>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <u>Leasburg</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>3 mi EAST of Leasburg on SCOTIA RD</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Alice</u>   |  | b. (Middle) <u>Anna</u>   |  | c. (Last) <u>Schuster</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1953</u>  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH (19 <u>53</u> ) <u>July 6 - 1985</u>  |  |
| 9. AGE (In years last birthday) <u>69</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Christian Drenes</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Louisa Bartsch</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Holman (Mary) Hand - Leasburg Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>25 YRS</u>   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>   |  | ANTECEDENT CAUSES   |  |  |  | DUE TO (b) _____   |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | Morbidity 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. <u>BRONCHIECTASIS</u> |  |  |  | 15 YEARS   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY? <u>4200</u><br>YES <input type="checkbox"/> NO <input checked="" 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) _____  |  | 21f. HOW DID INJURY OCCUR? _____   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |  | 22. I hereby certify that I attended the deceased from <u>FEB 2</u> , 19 <u>53</u> , to <u>DEC 21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>DEC 19</u> , 19 <u>53</u> , and that death occurred at <u>1:40 AM.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Richard T. Warden M.D.</u>   |  | 23b. ADDRESS <u>Bonjour, Missouri</u>   |  | 23c. DATE SIGNED <u>12-21-53</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  |
| 24b. DATE <u>Dec-22 1953</u>   |  | 24c. NAME OF CEMETERY <u>Cross Roads</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo.</u>  |  | 24e. DATE REC'D BY LOCAL REG. <u>12/21/1953</u>  |  |
| REGISTRAR'S SIGNATURE <u>W. G. Davis, Deputy Registrar</u>   |  | 372- <u>372</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Regina Hoffman</u>   |  | ADDRESS <u>Cuba Mo.</u>  |  |

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

0288

JAN 12 1915  
KANSAS

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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.....  
Signature of Student Embalmer

Signed..... *Herman C. Haener* .....

Licensed Embalmer No. *4673* .....

P. O. Address *Cuba, Missouri*

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

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