

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15444**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sullivan Meramec</b>	c. LENGTH OF STAY (In this place) <b>2yr</b>	c. CITY OR TOWN <b>Stanton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lindsey Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>0360</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AMOS</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>SCHULER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 25 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-18-1871</b>	9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>7</b> IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jeffersburg MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Schuler</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Fink</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Schatz</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter Schuler</b>	ADDRESS <b>Stanton Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>Recurrent</b> <b>6 days</b> <b>Years</b>
	*ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Vascular Accident (Stroke)</b> DUE TO (c) <b>Arteriosclerotic Cardiovascular disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	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) <b>Stanton Missouri</b>
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug**, 19 **53**, to **May 25**, 19 **54**, that I last saw the deceased alive on **May 25**, 19 **54**, and that death occurred at **7:20 p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert McRowford M.D.</b>	(Degree or title)	23b. ADDRESS <b>Sullivan Missouri</b>	23c. DATE SIGNED <b>May 16 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-28-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stanton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5/26/54</b>	REGISTRAR'S SIGNATURE <b>Thomas G. Humphrey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos P. Shaffer</b>	ADDRESS <b>Sullivan</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

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

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul F. Knollenberg.....

Licensed Embalmer No.....

P. O. Address Sullivan  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.