

FILED JUL 19 1954

STANDARD CERTIFICATE OF DEATH

State File No.

22194

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 761

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> c. LENGTH OF STAY (In this place) <u>14 1/2 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> d. STREET ADDRESS <u>1014 1/2 12th Street</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) (First) (Middle) (Last) <u>Fred M. Schuell</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7 6 1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>2-16-1878</u>
<b>9. AGE</b> (In years last birthday) <u>76</u>		of UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	if under 1 year Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life (even if retired)) <u>carpenter</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>contractor</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Germany</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>America</u>
<b>13a. FATHER'S NAME</b> <u>John Schuell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Adams</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs Mae Schuell</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>not given</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Miss Minnie Schuell</u> <u>1014 1/2 St Joseph</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocarditis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>chronic</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>systolic murmur</u> DUE TO (c) <u>arteriosclerosis</u>		<u>chronic</u>   <u>10 yrs +</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>psychotic</u>		<u>2 yrs</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4221</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>7-6-1954</u> to <u>7-6-1954</u> that I last saw the deceased alive on <u>7-6-1954</u>, and that death occurred at <u>4:30 P.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Name or title) <u>W. Cassius M.D.</u>		<b>23b. ADDRESS</b> <u>State Hospital #7</u>	<b>23c. DATE SIGNED</b> <u>7-6-1954</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>7/9/1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Mor Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St Joseph Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>July 15, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Walter M. Allison</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hector Bowman</u>	<b>ADDRESS</b> <u>St Joseph Mo</u>

AUG 9 1956

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

*William Spalberg*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4585*

P. O. Address *315. 1st St. Joseph, 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.