

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 - 1954

State File No.

No. 300
10-48

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

0490
020

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Twin Groves)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Carterville
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile east Kansas line on Hwy. #96		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 300 Hannum		(If rural, give location) 0490	
3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Lane c. (Last) Schuyler		4. DATE OF DEATH (Month) (Day) (Year) 10-30-1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-18-1930
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Vickers Inc.	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Schuyler	
13b. MOTHER'S MAIDEN NAME Stella Lane		14. NAME OF HUSBAND OR WIFE Betty Schuyler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. 497288538	17. INFORMANT'S SIGNATURE OR NAME Fred Schuyler ADDRESS Carterville, Missouri
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Three fractures with excision of arm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Instantaneous DUE TO (c) 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) State Highway #96	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jasper Mo. (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-30-54 5:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Apparenty overturned car on State Highway #96	
22. I hereby certify that I attended the deceased from and surracted , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wendell M. Starnes Jr. M.D.		23b. ADDRESS 1114 1/2 Betty - Applein	23c. DATE SIGNED 11-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-1954	24c. NAME OF CEMETERY OR CREMATORY CRESCENT HILL CEMETERY	24d. LOCATION (City, town, or county) (State) Adrian Missouri
DATE REC'D BY LOCAL REG. 11-1-54	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage, Mo.	

Date Filed NOV 8 1954

NOV 2 1954

NOV 10 1954

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 *William B. Cantel*

Licensed Embalmer No. *48*

P. O. Address *Barth*

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.