

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39984

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4548 | | Registrar's No. 1 | |
| 1. PLACE OF DEATH a. COUNTY <u>Worth</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u> | | c. LENGTH OF STAY (in this place) <u>all of life</u> | | c. CITY OR TOWN <u>Worth</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>no street addresses</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>Robert</u> | | c. (Last) <u>Schuster</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 25 1873</u> | |
| 9. AGE (in years last birthday) <u>81</u> | | 10. MONTHS <u>0</u> | | 11. YEARS <u>10</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Mithias Schuster</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mandie Vance</u> | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Schuster</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Schuster Worth Missouri</u> | | | |
| 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) <u>Ischemic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>30 days</u> | |
| 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) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Worth Missouri</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>54</u> , to <u>Nov 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 5</u> , 19 <u>54</u> , and that death occurred at <u>2:30 pm</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. N. Williamson</u> | | | | 23b. ADDRESS <u>J. V. P. Denton Mo</u> | | 23c. DATE SIGNED <u>Nov 5-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 8 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Barnes Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Worth Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 30-1954</u> | | REGISTRAR'S SIGNATURE <u>John E. Dawson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> | | ADDRESS <u>Grant City Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 42

P. O. Address Grant

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.