

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14734

State File No. ....

FILED MAY 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 508

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  | c. LENGTH OF STAY (in this place)<br><u>50 Yrs</u>                       | c. CITY OR TOWN<br><u>St. Joseph</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Mo. Methodist Hospital</u>  |  |  | f. STREET ADDRESS (If rural, give location)<br><u>2222 Sylvania St.</u> <u>01170</u>   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Nora</u>  |  | b. (Middle) <u>Alice</u>   | c. (Last) <u>Schumacher</u>  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 19, 1955</u>  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Aug. 4, 1876</u>  | 9. AGE (In years last birthday)<br><u>78</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>                      | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kingston, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Thomas J. Reynolds</u>   |  | 13b. MOTHER'S, MAIDEN NAME<br><u>Mary Jane Smith</u>                     | 14. NAME OF HUSBAND OR WIFE<br><u>Edward W. Schumacher</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS?<br><u>E.W. Schumacher 2222 Sylvania St. St. Joseph, Mo.</u>                                       |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>Hypertension</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>331X</u> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u><br><u>7 days</u><br><u>undet.</u>  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |   | 20. AUTOPSY?<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)  |   |  |
| 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>5-12, 1955</u> , to <u>5-19, 1955</u> , that I last saw the deceased alive on <u>5-18, 1955</u> , and that death occurred at <u>5:10a</u> m., from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Clemens P. Schumacher M.D.</u>   |  |  | 23b. ADDRESS<br><u>St. Joseph, Mo.</u>   |   | 23c. DATE SIGNED<br><u>5-20-55</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>May 20, 1955</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>      | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo.</u>  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>May 23, 1955</u>   | REGISTRAR'S SIGNATURE<br><u>Cather Mc Allison</u>  |  | 485  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Herman M. Sidenfaden St. Joseph Mo</u> |  |

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

APR 1957

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.....  
*Robert H. Gable*

Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.