

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30509**

FILED OCT 6 - 1955

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Appleton City	c. LENGTH OF STAY (If this place) 2 hrs	c. CITY OR TOWN Montrose	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Clett Memorial Hospital		e. STREET ADDRESS (If rural, give location) Deerpate Township	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) David c. (Last) Schussler	4. DATE OF DEATH Sept 28-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-26-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Montrose Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Schussler	13b. MOTHER'S MAIDEN NAME Mary Cook	14. NAME OF HUSBAND OR WIFE Mary Schussler
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Schussler	ADDRESS Montrose Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	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"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Sept 28, 1955**, to **Sept 28, 1955**, that I last saw the deceased alive on **Sept 28, 1955**, and that death occurred at **8:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R.H. Braunschager (Degree or title) MD	23b. ADDRESS Appleton City Mo	23c. DATE SIGNED Oct. 1 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 90-1-1955	24c. NAME OF CEMETERY OR CREMATORY Hamantown Cemetery	24d. LOCATION (City, town, or county) (State) Montrose Mo
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DATE REC'D BY LOCAL REG. Oct. 4 1955	REGISTRAR'S SIGNATURE Chas Abney	25. FUNERAL DIRECTOR'S SIGNATURE Sushman & Summing	ADDRESS Clinton Mo
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert L. Dunning

Licensed Embalmer No. *47*

P. O. Address *Clinton*

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.