

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41423**

FILED JAN 10 1956

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4351		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARNETT		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Eldon		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				e. STREET ADDRESS (If rural, give location) E. 8th St.			
3. NAME OF DECEASED (Type or Print) a. (First) MAUD			b. (Middle) A.		c. (Last) SCHULER		4. DATE OF DEATH (Month) (Day) (Year) DEC. 31, 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR. 20, 1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GASCONADE Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Burton			13b. MOTHER'S MAIDEN NAME MARY Holt		14. NAME OF HUSBAND OR WIFE ANDREW SCHULER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Schuler Eldon, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Acute Coronary Thrombosis DUE TO (c) Diabetes Mellitus and Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 minutes 15 years	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 7 , 1955, to Dec 23 , 1955, that I last saw the deceased alive on Dec 23 , 1955, and that death occurred at 9:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert O. Donaldson, M.D.				23b. ADDRESS Eldon, Missouri		23c. DATE SIGNED Jan 1, 1956	
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 3, 1956	24c. NAME OF CEMETERY OR CREMATORY Eldon		24d. LOCATION (City, town, or county) (State) Eldon Mo.		
DATE REC'D BY LOCAL REG. 1-6-56		REGISTRAR'S SIGNATURE J. L. Yashen		25. FUNERAL DIRECTOR'S SIGNATURE Louis B. Phillips		ADDRESS Eldon	

(Licensed Embalmer's Statement on Reverse Side)

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

0710

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Louis W. Phillips

Licensed Embalmer No..... 34

P. O. Address.....
Essex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.