

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9967

State File No.

BIRTH NO.		REG. DIST. NO. <u>261</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>101</u>					
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>CONCEPTION</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAINT FRANCIS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>0740</u>							
3. NAME OF DECEASED (Type or Print) (First) <u>DANIEL</u> b. (Middle) <u>SCHUSTER</u> c. (Last) <u>O.S.B.</u>			4. DATE OF DEATH		4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAY 10, 1911</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRIEST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PRIEST</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRED SCHUSTER</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Brummel</u>			14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Father Cyril Barbach, Conception, Mo.</u>			ADDRESS		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Acute Pulmonary edema</u> <u>7 days</u>			
				DUE TO (c) <u>Mitral Stenosis</u> <u>Years</u>							
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? <u>410X</u>			YES <input type="checkbox"/> NO <input 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) (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 <u>March 10, 1956</u> to <u>March 20, 1956</u> , that I last saw the deceased alive on <u>March 20, 1956</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>D. E. Edumbe</u>					23b. ADDRESS <u>Maryville, Mo.</u>			23c. DATE SIGNED <u>Mar 24, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 22, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>CONCEPTION, Mo.</u>					
DATE-REC'D BY LOCAL REG. <u>3-31-56</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Essie Johnson, Stanbery, Mo.</u>			ADDRESS			

(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 emb
by me, ~~or~~ by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawson Johnson*.....

Licensed Embalmer No. *494*.....

P. O. Address *Stamper*.....

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