

Health, Welfare, Public Service, 000-56, Doctor, coroner, etc. must use only standard momentary in their report. No symptoms will be noted. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STANDARD CERTIFICATE OF DEATH

40494

STATE FILE NUMBER

FILED DEC 19 1956

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent		Length of stay in lb 25 Yrs.		d. STREET ADDRESS 709 4th St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARY MARGUERITE SCHUCHT				4. DATE OF DEATH Dec. 11, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 24, 1909	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME E. M. CROWDER				14. MOTHER'S MAIDEN NAME FLORENCE BRITTON			
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.		17. INFORMANT Address William Schucht Monett, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic Carcinoma</i> DUE TO (b) <i>Carcinoma of breast, bilateral 1 yr</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____						INTERVAL BETWEEN ONSET AND DEATH 8 mo.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from June 10-1956 to Dec 11, 1956 and last saw her alive on Dec 10, 1956 Death occurred at 3:17 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. L. Edwards M.D.				22b. ADDRESS Monett, Mo		22c. DATE SIGNED 12-12-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/13/56		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.	
24. FUNERAL DIRECTOR ADDRESS J. D. BUCHANAN MONETT, MO.				25. DATE RECD. BY LOCAL REG. 12-15-56		26. REGISTRAR'S SIGNATURE Mrs. P. M. Cook	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-206

DATE REC. 12-17-56

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 *J. P. Buchanan*.....

Licensed Embalmer No...317

P. O. Address...HOPE ET...
.....

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