

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8497**

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Fulton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Moko		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 Cristi-Hogan Hospital				e. STREET ADDRESS (If rural, give location) Lebo Rt. Box 90, West Plains, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) CAROLYN			b. (Middle) SCHUMACHER		c. (Last) SCHUMACHER		
4. DATE OF DEATH (Month) (Day) (Year) March 9, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 30, 1900		9. AGE (In years last birthday) 56		10. MONTHS 4		11. DAYS 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Appleton, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Reinke			13b. MOTHER'S MAIDEN NAME Schristena Semrow			14. NAME OF HUSBAND OR WIFE Andy O. Schumacher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 355-28-6100		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Andy O. Schumacher Lebo rt West Plains Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver failure ANTECEDENT CAUSES Porphyria Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -				INTERVAL BETWEEN ONSET AND DEATH 6 weeks 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)		2892	
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 <u>3/6</u> , 19 <u>57</u> , to <u>3/9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/9</u> , 19 <u>57</u> , and that death occurred at <u>10:27</u> m., from the causes and on the date stated above.							
23a. SIGNATURE M. L. Fowler MD (Degree or title)				23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 3/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/12/57		24c. NAME OF CEMETERY OR CREMATORY State Line Cemetery		24d. LOCATION (City, town, or county) (State) Fulton County, Arkansas	
DATE REC'D BY LOCAL REG. 3-19-57		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Garner Funeral Service Salem, Ark.			

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

379-0

MAY 7 1958

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.....

Licensed Embalmer No. 4576

P. O. Address Mason

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.