

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25770

FILED AUG 1 1957

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3086 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		c. CITY OR TOWN <b>BRUNSWICK</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>506 N. WASHINGTON</b>	

3. NAME OF DECEASED (Type or print) First <b>RUDOLPH</b> Middle <b>WALDO</b> Last <b>SCHUCHMANN</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>17</b> Year <b>1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCTOBER 18, 1908</b>	9. AGE (In years last birthday) <b>48</b>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and state or country) <b>CARROLL COUNTY, MO.</b>	
13. FATHER'S NAME <b>RUDOLPH W. SCHUCHMANN</b>			14. MOTHER'S MAIDEN NAME <b>ANNA DIFANI</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>497-28-131</b>	17. INFORMANT <b>Jessie Schuchmann - Brunswick Mo</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Liposarcoma of the mententary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>197X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes mellitus, controlled, 9 years.</b>		

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.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **May 5-7** to **July 17 1957** and last saw **him** alive on **July 17 1957**  
Death occurred at **9:12 m on the date stated above; and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <b>Will Linn, M.D.</b>	(Degree or title)	22b. ADDRESS <b>771 Stealy Ln</b>	22c. DATE SIGNED <b>July 17 1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 17, 1957</b>	23c. NAME OF CEMETERY OR CREMATORIA <b>ELLIOTT GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>BRUNSWICK, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>Heisel Funeral Home - Brunswick, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7/17/57</b>	26. REGISTRAR'S SIGNATURE <b>Leslie B. Lowe</b>
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(Licensed Embolmer's Statement on Reverse Side)

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.

MEDICAL CERTIFICATION

AUG 26 1957

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 *William R. Zoch*.....

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

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.