

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47078  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 236

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>NEVADA</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>529 E. LOCUST</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John H. Schuler</u>		4. DATE OF DEATH Month Day Year <u>Dec 17 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 1, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>	11. BIRTHPLACE (City and state or country) <u>McCallister, OKLA</u>
13a. FATHER'S NAME <u>John Schuler</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Schuler</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>702-18-5028</u>	17. INFORMANT Address <u>Pearl Schuler NEVADA, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardio vascular collapse</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Hemorrhage vesicle neck of bladder</u> DUE TO (c) <u>Residual carcinoma of prostate (Cystotomy evacuation of clots, Transfusion 8 P.M. 12/14/57)</u>			<u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Chronic Mononucleosis (80% Lymphocytes)</u>			<u>6 years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from <u>November 1939</u> to <u>Dec. 17, 1957</u> and last saw <sup>him</sup> alive on <u>Dec. 17, 1957</u> Death occurred at <u>Nevada, Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. B. Wray, M.D.</u>		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>12/17/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>19 Dec 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>	23d. LOCATION (City, town, or county) (State) <u>NEVADA</u> <u>Vernon Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Richard L. Shorten</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 10 1958

FTB 19 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 *Lloyd C. McCard* .....

Licensed Embalmer No. 4853 .....

P. O. Address Meriden, Ma. .....

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.