

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14819-58 58-009308
STATE FILE NUMBER

FILED APR 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper 0270	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Blackwater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 11 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PAUL Middle ANTHONY Last SCHUSTER			4. DATE OF DEATH Month April Day 9 Year 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29, 1958	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 11 Days 11 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Norbert Leonard Schuster			14. MOTHER'S MAIDEN NAME Louise Clara Hood		
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. None	17. INFORMANT Address Norbert L. Schuster, Blackwater, 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) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General peritonitis	
	DUE TO (c) Gastric perforation 7562	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Congenital atresia of duodenum		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 2:25 Month 9 Day 9 Year 58	2	

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 Jefferson City	COUNTY Cooper	STATE Mo
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21. I attended the deceased from **3-31-58**, to **4-8-58** and last saw him alive on **4-8-58**
Death occurred at **2:25 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. C. Michael D.O.	22b. ADDRESS Jefferson City	22c. DATE SIGNED 4/9/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 4-9-58	23c. NAME OF CEMETERY OR CREMATORY St. Martin's Cemetery	23d. LOCATION (City, town, or county) (State) Cooper County, Mo
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24. FUNERAL DIRECTOR B. W. Shacker	ADDRESS Boonville Mo 10	25. DATE RECD. BY LOCAL REG. April 1958	26. REGISTRAR'S SIGNATURE R. P. Norris, MD MR
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(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon type if possible. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature. Diseases in Part I must be causally related.

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 not embalmed, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Berry W. Shank

Licensed Embalmer No. 39

P. O. Address Boonville

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.