

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014837

STATE FILE NUMBER

48

FILED MAY 15 1958 Registration District No. 174 Primary Registration District No. 5644 Registrar's No.

300  
-57  
540  
4

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		c. CITY OR TOWN <b>Lexington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Goodloe Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>Smith &amp; main</b>	

3. NAME OF DECEASED (Type or print) First <b>Lena</b> Middle <b>Schuette</b> Last <b>Schuette</b>			4. DATE OF DEATH Month <b>May</b> Day <b>3</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12, 1881</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Near Auville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Henry G. Schuette</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Stumpenhous</b>	14. NAME OF HUSBAND OR WIFE <b>single</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Lena Schuette</b>	Address <b>Lexington, 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>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>50 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Arterio Sclerosis &amp; Hypertension</b>		<b>10 yrs</b>
	DUE TO (c) <b>Chronic Mitral Stenosis</b>		<b>15 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT <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 <b>Lexington Mo</b>	COUNTY <b></b>	STATE <b></b>
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21. I attended the deceased from <b>Feb 17, 58</b> to <b>5-2-58</b> and last saw her alive on <b>May 2, 1958</b> Death occurred at <b>7:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John C. Beltram, DO</b>	(Degree or title) <b>DO</b>	22b. ADDRESS <b>Lexington Mo</b>	22c. DATE SIGNED <b>5/1/58</b>
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23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-5-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>	23d. LOCATION (City, town, or county) (State) <b>Higginsville, Mo.</b>
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24. FUNERAL DIRECTOR <b>F. A. Hoefler</b>	ADDRESS <b>Higginsville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-8-58</b>	26. REGISTRAR'S SIGNATURE <b>Wm. S. Eastwood</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Forest R. Hoefler* .....

Licensed Embalmer No. 4358 .....  
P. O. Address Higginsville, M.....

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.