

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029593

STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 93

5. 300

1-57

582

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brookfield 05820 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 721 Lincoln Street		Length of stay in lb 12 years	d. STREET ADDRESS (If outside, give location) 721 Lincoln Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADA Middle WOOLLEN Last SCHUETZ			4. DATE OF DEATH Month August Day 11 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1884
9. AGE (In years birth day) 73		IF UNDER 1 Year Months Days	IF UNDER 24 HRS. Hours Min.
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 country) Palmyra, Mo.
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Isaac Woolen	
13b. MOTHER'S MAIDEN NAME Louisa Dickhut		14. NAME OF HUSBAND OR WIFE Edwin E. Schuetz	
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 Lewis Schuetz, Meadville, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis, myocardial & generalized. DUE TO (c) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH acute 5 yrs.
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from Aug 1947 to Aug 11 1958 and last saw her ^{him} alive on August 9, 1958 Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. [Signature] (Degree or title)		22b. ADDRESS Brookfield, Mo.	
22c. DATE SIGNED 8-13-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Meadville Cemetery	23d. LOCATION (City, town, or county) (State) Meadville, Mo.
24. FUNERAL DIRECTOR Wright Funeral Home, Brookfield, Mo.		25. DATE RECD. BY LOCAL REG. 8-14-58	26. REGISTRAR'S SIGNATURE Katharine Johnson Reg.

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 Harold B. Wright

Licensed Embalmer No. 3518

P. O. Address Brookfield Mo

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.