

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043137

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 411

300  
1-57 4

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>0990</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nursing Home #2</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Wilson tws.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>William Fredrick Schuck</b>			4. DATE OF DEATH Month Day Year <b>Dec. 27 1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 17, 1884</b>	9. AGE (In years at birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done including "housewife") <b>general farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Milan, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>Henry Schuck</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Teeler</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Etta Schuck</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>486 44-1321 B</b>	17. INFORMANT <b>Myrtle Spagh</b> Address <b>Memphis, 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>Cachexia and debilitation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Encephalomalacia</b>			<b>months</b>
DUE TO (c) <b>Cerebral Arteriosclerosis</b>			<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332 X</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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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 <b>7-14-58</b> to <b>Dec. 27, 1958</b> and last saw him alive on <b>Dec. 27, 1958</b> Death occurred at <b>1:05 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>George H. Scheurer, D.O.</b>	(Degree or title)	22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>Jan. 5, 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>	23d. LOCATION (City, town, or county) (State) <b>Memphis Mo.</b>
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24. FUNERAL DIRECTOR <b>W. Payne Sons</b>	ADDRESS <b>Memphis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-6-1959</b>	26. REGISTRAR'S SIGNATURE <b>David W. Ratliff</b>
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GEORGE H. SCHEURER, D.O. MEDICAL CERTIFICATION All diseases in Part I must be causally related.

JAN 14 1959

JUN 28 1963

NOV 27 1960

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.