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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 20 1959

59-012767
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Boonville, Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Joseph Hosp — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Pilot Grove 0270 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: WILLIAM-CLETUS-SCHUSTER

4. DATE OF DEATH Month Day Year: April 12, 1959

5. SEX male
6. COLOR OR RACE wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH March 3, 1898
9. AGE (In years last birthday) 61 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Pilot Grove Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Schuster
13b. MOTHER'S MAIDEN NAME Anna Vollrath
14. NAME OF HUSBAND OR WIFE Olive Schuster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 722-01-6500
17. INFORMANT Mary Ann Kemp Address Pilot Grove 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) Coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH ± 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular Disease — ± 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-12-59, to 4-12-59 and last saw her/him alive on 4-12-59
Death occurred at 8:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. M. Shirer, M.D.
22b. ADDRESS 329 Main Boonville Mo
22c. DATE SIGNED 4-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 14, 1959
23c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery
23d. LOCATION (City, town, or county) (State) Pilot Grove Mo

24. FUNERAL DIRECTOR Hays-Painter, ADDRESS Pilot Grove Mo
25. DATE RECD. BY LOCAL REG. 4/14/59
26. REGISTRAR'S SIGNATURE D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Peyton E. Hay...

Licensed Embalmer No. 3074

P. O. Address Pilot Gro...

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.