

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL ARCHIVES
 COLLEGE PARK, MARYLAND

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047103

FILED VS
 ENDED

JAN 12 1961 290 Primary Registration District No. Registrar's No. 165 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville	Length of stay in 1b 7 hrs	c. CITY OR TOWN Crocker	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) Crocker Rural Hwy 17	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Milton Last Schoechert			4. DATE OF DEATH Month Dec Day 19 Year 1960		
5. SEX Male	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 Dec 19-60	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 7	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Waynesville, Mo		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Richard Schoechert		13b. MOTHER'S MAIDEN NAME Mary Berg	
14. NAME OF HUSBAND OR WIFE None		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 Richard Schoechert		Address Crocker 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) ATLECTASIS		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) PREMATURE - 6 1/2 MONTHS	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

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 Month, Day, Year a.m. p.m.			
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

21. I attended the deceased from **Dec 19, 1960** to **only** and last saw ^{her}him alive on **Dec 19, 1960**
 Death occurred at **Waynesville, MO 2:30P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Michalevich DO		22b. ADDRESS Crocker Missouri		22c. DATE SIGNED 12/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/20/1960	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem	23d. LOCATION (City, town, or county) Crocker Missouri	
24. FUNERAL DIRECTOR Moss-Williams		ADDRESS Crocker Missouri	25. DATE RECD. BY LOCAL REG. 12-20-60	26. REGISTRAR'S SIGNATURE Calvin Anderson

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.