

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-024578
State File No.

FILED JUL 18 1961

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (If this place) Life		c. CITY OR TOWN Boonville		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) Andrew c. (Last) Schuster			4. DATE OF DEATH (Month) (Day) (Year) July 9 1961				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH July 8, 1961		9. AGE (In years last birthday) 0 # UNDER 1 YEAR Months 0 TEAR Days 0 IF UNDER 24 HRS. Hours Min. 32hrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Marvin Schuster			13b. MOTHER'S MAIDEN NAME Ruth Ann Schuster		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS Marvin Schuster Boonville Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hypoxia, birth asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolapsed of cord during labor DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 8, 1961 , to July 9, 1961 , that I last saw the deceased alive on July 9, 1961 , and that death occurred at 12:00 PM , from the causes and on the date stated above.							
23a. SIGNATURE T. W. Thacker, M.D. (Degree or title)				23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 7/9/61	
24a. BURIAL, CREMATION, REMOVAL (Specify) CORIAL		24b. DATE 7-10-61	24c. NAME OF CEMETERY OR CREMATORY St. MARTIN'S Cem.		24d. LOCATION (City, town, or county) (State) R. F. D. BOONVILLE MO		
DATE REC'D BY LOCAL REG. 7/10/61		REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B. W. Thacker Boonville Mo			

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-0

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 Berry W. Shaker

Licensed Embalmer No. 3945

P. O. Address Boonville

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.