

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040652  
STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 36

AMENDED

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u>		Length of stay in 1b <u>16 yrs.</u>	c. CITY OR TOWN <u>Owensville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>residence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Jerome Glennon Schuster</u>	4. DATE OF DEATH Month Day Year <u>Nov. 9, 1961</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-10-1906</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>photographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>photographing</u>	11. BIRTHPLACE (City and state or country) <u>Hermann, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Martin A. Schuster</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Margaret Schubert</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Ruffner Schuster</u>
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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) <u>yes</u> <u>WWII</u>	17. INFORMANT Address <u>Mrs. Laura Schuster Owensville, Mo.</u>
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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) <u>Heart Attack</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 11-8-61 to 11-9-61 and last saw <sup>her</sup>him alive on 11-8-61  
Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H. H. Bradlee MD</u>	22b. ADDRESS <u>Owensville, Mo</u>	22c. DATE SIGNED <u>11-10-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11-11-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Georges Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter Funeral Home</u> <u>Owensville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>November 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Japprey</u>
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McClord H H Smith (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

ITEM NO.

NOV 28 1961

38330

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 FERRY A. THOMPSON, Student Embalmer No. 624 working under my personal supervision.

Student Jerry A. Thompson  
Signature of Student Embalmer

Signed Melvin H H White

Licensed Embalmer No. 3838

P. O. Address OWENSON

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.