

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042006

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. \_\_\_\_\_

Registrar's No. 124

FILED NOV 29 1961

## 1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Waynesville

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Pulaski County Hosp

Inside Limits

Yes  No 

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Pulaski

c. CITY  
OR  
TOWN

Richland

Inside Limits

Yes  No d. STREET  
ADDRESS

(If outside, give location)

Rt #2

Reside on Farm

Yes  No 

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Wilhelm Ludwig Ferdinand Schucht

4. DATE  
OF  
DEATH

Month

Day

Year

Nov 20 1961

## 5. SEX

Male

## 6. COLOR OR RACE

W hite

7. Married Never Married Widowed Divorced 

## 8. DATE OF BIRTH

Nov 19 1883

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

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

Domestic

## 11. BIRTHPLACE (City and state or country)

Germany

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Paul Schucht

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Ethyl E Schucht

## 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

Address

Ethyl E Schucht Richland Rt #2 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)

Cerebral hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cerebrovascular disease

20 yrs

## DUE TO (c)

Senility

## 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.

 Yes  No  Unknown19. WAS AUTOPSY PERFORMED?  
YES  NO 

## 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

Month, Day, Year

a.m.

p.m.

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

Past 8 yrs to

to

and last saw her him alive on 11-20-61

Death occurred at

10:00

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Dr. or title)

## 22b. ADDRESS

Waynesville, Missouri

## 22c. DATE SIGNED

11/21/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11/22/61

## 23c. NAME OF CEMETERY OR CREMATORY

Idauma Cemetery

## 23d. LOCATION (City, town, or county)

Laquey Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Moss Williams Funeral Homes

Waynesville Missouri 11-21-61

Paul Anderson

**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 Clarence Mose

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.