MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000852
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 40

FILED JAN 29 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Albert Middle: Barlham Last: Schuth
4. DATE OF DEATH: Month: JAN Day: 21 Year: 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 20 DEC 1881
9. AGE (last birthday): 80 — 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): Grocery Store
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (City and state or country): Morrison, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Schuth
13b. MOTHER'S MAIDEN NAME: Annie Englard
14. NAME OF HUSBAND OR WIFE: Elizabeth Geising
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.: None
17. INFORMANT: Elizabeth Schuth Address: Chamois, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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 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 Jan 15 1962, to Jan 21 1962 and last saw her/him alive on Jan 21, 1962
Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis X. Mead M.D.
22b. ADDRESS: Jeff. City Mo.
22c. DATE SIGNED: 1/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 24-62
23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
23d. LOCATION (City, town, or county) (State): Chamois, Mo

24. FUNERAL DIRECTOR: Stanley E Meyer ADDRESS: Union, Mo
25. DATE RECD. BY LOCAL REG.: 23 January 1962
26. REGISTRAR'S SIGNATURE: R.P. Dorris MD - N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1962

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 Stanley E Meyer

Licensed Embalmer No. 4639

P. O. Address Union Mo

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.