MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018471
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5311 Registrar's No. 67

FILED JUN 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0276
2	0276
3	
4	1
5	2
6	
7	1
8	2
9	4200
10	
11	
12	90-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pilot Grove Twp — Length of stay in lb: 56 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1 Mile East — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Cooper
c. CITY OR TOWN: Pilot Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mile East — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First GENEVIEVE Middle BRUMMEL Last SCHUSTER

4. DATE OF DEATH: Month May Day 30, Year 1962

5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 2, 1877
9. AGE (last birthday): 85 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): Waverly Mich
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Peter Brummel
13b. MOTHER'S MAIDEN NAME: Mary Schlenter
14. NAME OF HUSBAND OR WIFE: Fred Schuster

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: Mildred Schuster, Address: Carthage, 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart Disease — 10 yrs
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. ☐ 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 Feb 25, 1962, to May 30, 1962 and last saw her/him alive on 30 May 62
Death occurred at 10:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vernon D. Friedrich MD
22b. ADDRESS: Pilot Grove, Mo
22c. DATE SIGNED: 5.31.62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/2/62
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cem
23d. LOCATION (City, town, or county) (State): Pilot Grove, Mo

24. FUNERAL DIRECTOR: Hays-Painter — ADDRESS: Pilot Grove, Mo
25. DATE RECD. BY LOCAL REG.: 6/1/62
26. REGISTRAR'S SIGNATURE: [signature] Hooper

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.