No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 225

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30454

Primary Registration District No. 4335

Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: Tipton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -- (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -- In this community: 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Tipton (If outside city or town limits, write "RURAL")
(d) Street No.: None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

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0
0

3. (a) PRINT FULL NAME: Andrew Edward Schuster
3. (b) If veteran, name war: None
3. (c) Social Security No.: 546-34-4231
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorthy Schuster
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: October, 25th. 1923 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
24	10	28	hr. min.

9. Birthplace: Prairie Home, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Operator Cafe
11. Industry or business: Cafe
FATHER
12. Name: L. A. Schuster
13. Birthplace: Boonville, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katie Imhoff
15. Birthplace: Prairie Home, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Dorthy Schuster (Wife)
(b) Address: Tipton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemetery, Tipton Mo
18. (a) Signature of funeral director: Lanelle E. Richards
(b) Address: Tipton Mo
19. (a) Sept. 16, 1948 (Date received by local registrar) (b) Mrs. Maude Hudson (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 13th year: 1948 hour: 8 minute: P. M.
21. I hereby certify that I attended the deceased from Oct 24 1947, 19..., to Sept 13, 1948 that I last saw him alive on Sept 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma
Due to: Seminoma of testicle
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 51C
Of autopsy:

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9
While at work? (Specify type of place) (e) Means of injury:
23. Signature: C. J. Lieblert (M. D. or other) DO.
Address: Tipton, Mo Date signed: ~~9-15-48~~ Sept. 15, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 23 1948
FEB 18 1958

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~~ me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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 this body is not embalmed, fact should be so stated above.