No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31080

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 2 9 2

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Joseph
d. STREET ADDRESS (If rural, give location): 2214½ Delmar

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): E.
c. (Last): SCHUMAN

4. DATE OF DEATH (Month) (Day) (Year): September 3,1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 9,1924
9. AGE (In years last birthday): 25 — If under 1 year: Months 8 Days 24 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Mooney Transfer Co
11. BIRTHPLACE (State or foreign country): St.Joseph Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Schumen
13b. MOTHER'S MAIDEN NAME: No-record
14. NAME OF HUSBAND OR WIFE: June Schumen

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.: 499-18-4192
17. INFORMANT'S SIGNATURE OR NAME: Mrs.June Schumen
ADDRESS: St Joseph Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inquest Pending — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Automobile accident
DUE TO (c): Highway 61 ,north of Hannibal — 68224

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hway 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hannibal,Mason Marion Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/3 49 2:30 AmM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car overturned 64

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:30 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Crawford Smith (Degree or title): Coroner
23b. ADDRESS: Hannibal Missouri
23c. DATE SIGNED: 9/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/3/49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St Joseph Missouri

DATE REC'D BY LOCAL REG.: 9-8-49
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W C Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Kathryn A. Schwartz
ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Certificate #[illegible]

[illegible]ERDICT OF [illegible]

INQUEST [illegible]

"Do find that Charles Eugene Schuman came to his death by careless and reckless driving, presumably by being intoxicated."

W. Crawford Smith

W. Crawford Smith
Coroner Marion County

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 .....
Student Embalmer.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal

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.