

FILED JUN 19 1950

STANDARD CERTIFICATE OF DEATH

19947

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ambulance enroute Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2448 Washington Avenue</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)		b. (Middle) <u>FREDRICK</u>	
c. (Last) <u>SCHUSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1950</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>May 30, 1886</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 4 HRS. Hours <u>14</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Layer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Schuster</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Bertha Schuster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-07-4326</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Schuster</u>		ADDRESS <u>Springfield, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute valvular heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>short</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> <u>1 yrs</u> DUE TO (c) <u>Nephritis</u> <u>1 yr</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u> <u>444 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK? (Specify) <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>May 1 - 1950</u> , to <u>July 14, 1950</u> , that I last saw the deceased alive on <u>June 14, 1950</u> and that death occurred at <u>5:00 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>L. F. Freeman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Children's Bank Building</u> <u>Springfield, Missouri</u>	
23c. DATE SIGNED <u>6/15/1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/17/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-15-50</u>		REGISTRAR'S SIGNATURE <u>WE Handley MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dunn-Ayre-Goodwin</u>		ADDRESS <u>Fun. Home</u> <u>Springfield, Mo.</u>	

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

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 *Larry Ripe*.....

Licensed Embalmer No. 4594

P. O. Address Springfield, Ill.

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.