

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 64

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SCHUYLER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worthington</u> <u>0980</u> | |
| c. LENGTH OF STAY (in this place) <u>5 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u> | | | |

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|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>EL Roy</u> c. (Last) <u>Schuster</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 18, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John P. Schuster</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wade</u> | | 14. NAME OF HUSBAND OR WIFE <u>MATTIE E. SCHUSTER</u> | |
| 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'S SIGNATURE OR NAME <u>Mathe E. Schuster</u> ADDRESS <u>Worthington Mo</u> | |

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|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> | | DUE TO (b) <u>Influenza</u> | | | <u>1 wk</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Advanced cardiovascular general disease</u> | | | <u>2 wks</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>6 months</u> |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>480X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from Oct, 1944, to 2-21, 1952 that I last saw the deceased alive on 2-21, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE <u>George E. Grim MD</u> (Degree or title) | | 23b. ADDRESS <u>Kirksville, Missouri</u> | | 23c. DATE SIGNED <u>2/21/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | | 24b. DATE <u>2-23, 1952</u> | | 24c. NAME OF SEMETERY OR CREMATORY <u>LONE Pine Cn</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Fulton Co, Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lambert</u> ADDRESS <u>St Louis, Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-21-52</u> | | REGISTRAR'S SIGNATURE <u>W. H. Lambert</u> | | | |

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

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FILED FEB 25 1952

JAN 15 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Murl E. Husted

Licensed Embalmer No.

3304

P. O. Address

Unionville, N.C.

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.