

Health, Welfare, Public Service

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FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012971
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 707 North Ash		d. STREET ADDRESS 707 North Ash	
Length of stay in lb 3 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Benjamin Middle M. Last Schuster			4. DATE OF DEATH Month February Day 27 Year 1958		
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 23, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Gate Co., Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Schuster	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Katie Schuster
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Katie Schuster, Nevada, Mo.	Address 707 N. Ash
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparent coronary attack. Found dead at 5:00 a.m. February 27, 1958. Death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) probably occurred 3or 4 hours earlier DUE TO (c) probably occurred 3or 4 hours earlier		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:00 Month February Day 27 Year 1958 a.m. 5:00 p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 _____, to _____ and last saw her/him alive on _____
Death occurred at **about 1:00 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Anna E. Ferry - Local Registrar	22b. ADDRESS Nevada, Vernon Co - Mo.	22c. DATE SIGNED 3-1-1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada Missouri
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24. FUNERAL DIRECTOR Ferry Funeral Home	ADDRESS Nevada, Mo.	25. DATE RECD. BY LOCAL REG. 3-10-1958	26. REGISTRAR'S SIGNATURE Anna E. Ferry
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. Anglen Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada, N*

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.