

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-006080

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 36

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEST PLAINS</b>		Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>THAYER</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE SCHUSTER</b>			4. DATE OF DEATH Month Day Year <b>FEB. 18, 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-26-1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>	11. BIRTHPLACE (City and state or country) <b>BROOKS CO., KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>PAUL SCHUSTER</b>		13b. MOTHER'S MAIDEN NAME <b>ROSEY SCHUSTER</b>		14. NAME OF HUSBAND OR WIFE <b>ARTIE SCHUSTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES: WW I, 1918 &amp; 1919</b>		16. SOCIAL SECURITY NO. <b>500-12-0225</b>	17. INFORMANT Address <b>ARTIE SCHUSTER, THAYER, MISSOURI</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of lung</b>					INTERVAL BETWEEN ONSET AND DEATH <b>9 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Sept. 1959</b> to <b>Feb 18, 1960</b> and last saw her/him alive on <b>Feb 18, 1960</b> Death occurred at <b>(9:30 A.M.)</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>M.L. Fowler M.D.</b>			22b. ADDRESS <b>West Plains Mo</b>		22c. DATE SIGNED <b>2/24/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-21-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>THAYER CEMETARY</b>		23d. LOCATION (City, town, or county) (State) <b>THAYER, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Carter Funeral Home - Thayer Mo</b>		ADDRESS <b>2-29-60</b>	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>

BY AFFIDAVIT OF

APR 6 1966  
MAR 7 1966

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Richard Carter*  
Licensed Embalmer No. 4516

P. O. Address *West Point*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do 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.