

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 17 1960

=60-020008

STATE FILE NUMBER

Registration District No. 199/81 Primary Registration District No. 5677 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tennessee</u> COUNTY <u>Unknown</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Twp</u>		Length of stay in 1b <u>Transiet</u>		c. CITY OR TOWN <u>Memphis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 1/2 Mi North of Troy Hiway #61</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1551 Monroe</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Janice</u> Middle <u>Christine</u> Last <u>Schuler</u>				4. DATE OF DEATH Month <u>May</u> Day <u>8</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/26/41</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Monroe, Michigan</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Charles Pesartic</u>			13b. MOTHER'S MAIDEN NAME <u>Cora Husemann</u>		14. NAME OF HUSBAND OR WIFE <u>Jerry Schuler</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>481-50-2307</u>	17. INFORMANT <u>Jerry Schuler, Memphis, Tenn.</u>		Address <u>1551 Monroe</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck, Chrushed Chest.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Automobile Accident</u> 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 checked="" 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.) <u>Car left road and turned over, pinning her under it. One car accident, no other car involved. Victim was driving.</u>					
20c. TIME OF INJURY <u>4:00</u>	Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u>5/8/60</u>						
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.) <u>Hiway #61 6 1/2 Mi. North of Troy, Missouri.</u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>	STATE <u> </u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>4:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
21. SIGNATURE <u>Joseph D. Marsh Sr.</u> (Degree or title) <u>CORONER</u>				22b. ADDRESS <u>351 Monroe, Troy, Missouri</u>		22c. DATE SIGNED <u>5/8/60</u>		
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/8/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		23d. LOCATION (City, town, or county) <u>Waterloo, Iowa.</u>		(State)	
24. FUNERAL DIRECTOR <u>Okeefe & Towne, Waterloo, Iowa</u>			ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>5/10/1960</u>	26. REGISTRAR'S SIGNATURE <u>Thos Clarence Keatzy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1960

STATEMENT BY LICENSED EMBALMER

MAY 19 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Joseph J. Marsh Jr., Student Embalmer No. 593

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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