

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1960

-60-039297

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5054 Registrar's No. 132

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Pike</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		Length of stay in 1b <b>12 weeks</b>		c. CITY OR TOWN <b>Bowling Green, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>805 W. Church</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Marie</b> Middle <b>Rose</b> Last <b>Schuster</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>26</b> Year <b>1960</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-15-1875</b>	9. AGE (last birthday) <b>85</b>
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Pike Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John C. Muff</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Schneider</b>		14. NAME OF HUSBAND OR WIFE <b>Emanuel H. Schuster</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. *****</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT <b>Raymond Corum, 210 S. Science</b> <b>Bowling Green, Mo.</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>Azotemia</b> <b>Oliguria</b> <b>Pyonephritis</b> DUE TO (b) <b>Arteriosclerotic cardio vascular renal</b> <b>disease. Pneumonia with pleural effusion,</b> left. <b>5 yrs</b> <b>6 mths</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
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.) <b>-----</b>					
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>6/19/58</b> to <b>10/26/60</b> and last saw her <b>alive</b> on <b>10/25/60</b> Death occurred at <b>4:02 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas H Luedden</i> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>122 South 3rd St. Louisiana</b> <b>Missouri</b>		22c. DATE SIGNED <b>10/26/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 28-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethany</b>		23d. LOCATION (City, town, or county) (State) <b>Pike Co. Missouri</b>
24. FUNERAL DIRECTOR <b>Barkhead Chapel, Bowling Green, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Oct 29-60</b>	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 3 AON

**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 Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.