MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-042828

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Palmyra
Length of stay in 1b: DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R#3 Palmyra, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R # 3
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Carl Middle: George Last: Schumm

4. DATE OF DEATH: Month: 11 Day: 11 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-14-87

9. AGE (last birthday): 73

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): Painter(Contractor)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Hannibal, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Schumm

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Jessie Schumm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jessie Schumm Address: Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured pelvis + left hip, shock — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Crushed chest — " "
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Driving car which was struck by Reine spreader truck.

20c. TIME OF INJURY: Hour 11:40 a.m. p.m. Month, Day, Year: 11-11-60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): a gravel road.

20f. CITY, TOWN, OR LOCATION: 4 mi east 2 mi South of Philadelphia COUNTY: Marion STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry H. Sweets (Degree or title): Coroner

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: 11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-15-1960

23c. NAME OF CEMETERY OR CREMATORY: Grand View Cemetery

23d. LOCATION (City, town, or county) (State): Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home - Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 11/16/60

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lücke, by Viola Green Deputy

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

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