SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007993

STATE FILE NUMBER

AMENDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 5

FILED APR 6 1961

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK TWP. — Length of stay in 1b: 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First REBECCA Middle ANN Last SCHUCHMANN
4. DATE OF DEATH: Month MAR. Day 28 Year 1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-19-1960
9. AGE (last birthday) — IF UNDER 1 YEAR: Months 8 Days 8 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): BROOKFIELD, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: R.W. SCHUCHMANN, JR.
13b. MOTHER'S MAIDEN NAME: DONNA HOLMES
14. NAME OF HUSBAND OR WIFE: NONE
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.: NONE
17. INFORMANT: Donna Schuchmann — Address: Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Gastroenteritis	3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	acute dehydration	terminal
DUE TO (c)	General virus infection	3 days

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 25 1961 to March 28/61 and last saw her/him alive on March 28 1961
Death occurred at March 28 4.15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O.
22b. ADDRESS Brunswick Missouri
22c. DATE SIGNED 3/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 29-61
23c. NAME OF CEMETERY OR CREMATORY Elliott Grove
23d. LOCATION (City, town, or county) (State) Brunswick, Mo.

24. FUNERAL DIRECTOR Kriel-Koch, Brunswick, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG. Apr 4-1961
26. REGISTRAR'S SIGNATURE Howie Smith.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, Me

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.