Registration District No. 68

Primary Registration District No. _____

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

62 010828

Form VS-4¼—49M—1-61—166012—C.McB.
1956 REVISION OF STANDARD CERTIFICATE
Margin Reserved for Binding
WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Carroll — AUG 21 1962
b. CITY, TOWN, OR LOCATION: Eureka Springs
c. Length of Stay in 1b: 20 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 38 Ridgeway
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE: Arkansas — b. COUNTY: Carroll
c. CITY, TOWN, OR LOCATION: Eureka Springs, Ark.
d. STREET ADDRESS: 38 Ridgeway
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)	First	Middle	Last
	Frank	Wallace	Schuster

4. DATE OF DEATH: Month 8 — Day 6 — Year 62

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		9/18/75	86		

10a. Usual Occupation (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furniture Factory	Same as 10a	Illinois	USA

13. FATHER'S NAME: John Schuster
14. MOTHER'S MAIDEN NAME: Jane Mundey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. Social Security No.	17. INFORMANT	Address
No		432-10-4490	Kate Schuster	Eureka Springs, Ark

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

Conditions, if any which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis 420.1 — yrs.
DUE TO (c): Hypertension — yrs.

PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I (a)

19. WAS AUTOPSY PERFORMED? Yes ☐ NO ☒

MEDICAL CERTIFICATION

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 1955 to 8/6/62 and last saw him alive on 8/6/62
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Ross Campbell M.D. (Degree or title) — 22b. ADDRESS: Eureka Springs — 22c. DATE SIGNED: 8/15/62

23a. Burial, Cremation, Removal (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	8/9/62	Eureka Springs IOOF	Eureka Springs, Carroll, Ark.

24. FUNERAL DIRECTOR — ADDRESS	25. DATE RECD. by LOCAL REG.	26. REGISTRAR'S SIGNATURE
Nelson Funeral Home Berryville Ark.	8-20-62	Mary Richardson