S. No. 300
r. 10.48

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13429

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4391 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY: Osage	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Argyle, Mo. c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0760
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location): Argyle, Mo. 0

3. NAME OF DECEASED (Type or Print)	a. (First) Peter	b. (Middle)	c. (Last) Schulte
4. DATE OF DEATH	(Month) April	(Day) 25,	(Year) 1951
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1	8. DATE OF BIRTH: Jan. ~~25, 1951~~ 4, 1867
9. AGE (In years last birthday): 84	IF UNDER 1 YEAR Months: 3	Days: 27	IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Anton Schulte	13b. MOTHER'S MAIDEN NAME: Margaret Redel	14. NAME OF HUSBAND OR WIFE: Elizabeth Schulte	
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'S SIGNATURE OR NAME: William Schulte,	ADDRESS: Meta, Mo.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Left Ventricular Failure	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Arthritis Deformans	13 years
	DUE TO (c) Infirmities of old age	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 7230	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1951, *to* April 25, 1951, *that I last saw the deceased alive on* April 25, 1951, *and that death occurred at* 3:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. W. Gaston V.D.O	23b. ADDRESS: Meta, Mo	23c. DATE SIGNED: April 25 1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0	24b. DATE: Apr. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY: St. Aloysisus
24d. LOCATION (City, town, or county): Argyle,	(State): Mo.	
DATE REC'D BY LOCAL REG.: 4/25/51	REGISTRAR'S SIGNATURE: Gertrude M. Albers 2-8 Deputy Reg. 0	25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Cunningham
ADDRESS: Vienna, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 30 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....
Student Embalmer

Signed H. C. Cunningham

Licensed Embalmer No. 3664

P. O. Address Odessa Mo.

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 this body is not embalmed, fact should be so stated above.