

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39435**

FILED NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5153** Registrar's No. **41**

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

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone Twp. 0630</b>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location) <b>Meta, Mo. Rt. 2.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Schulte</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 1, 1905</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR <b>8</b> Months	IF UNDER 1 HR. <b>6</b> Days	IF UNDER 1 MIN. _____ Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Anthony Schulte</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Wansing</b>	14. NAME OF HUSBAND OR WIFE <b>Olive Schulte</b>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Olive Schulte, Meta, Mo.</b>	ADDRESS <b>Rt. 2.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Transverse Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <b>153X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 10, 1952**, to **Nov 5, 1952**, that I last saw the deceased alive on **Nov 5, 1952**, and that death occurred at **6:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Moore, Do. 2</b>	(Degree or title)	23b. ADDRESS <b>Argyle, Mo.</b>	23c. DATE SIGNED <b>Nov 8 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Aloysius Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Argyle, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>11-9-52</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	188-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. C. Cunningham</b>	ADDRESS <b>Vienna, Mo.</b>
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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 *M. H. Cunningham*

Licensed Embalmer No. 3664

P. O. Address Osanna 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.