

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6746**

FILED MAR 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **5673** Registrar's No. **3**

0570

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY OR TOWN <b>Rural Monroe</b>		c. CITY OR TOWN <b>Rural Monroe</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 1/2 mi. N.E. of Troy Mo.</b>		d. STREET ADDRESS <b>3 1/2 mi. N.E. of Troy Mo.</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Schultz</b> c. (Last) <b>Schultz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 3 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 26 1887</b>
9. AGE (In years last birthday) <b>66</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy Missouri U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Peter H Schultz</b>	13b. MOTHER'S M maiden name <b>Minnie Vieth</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Schultz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter Schultz Troy Mo.</b> ADDRESS <b>Troy Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronary Artery Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>3/2</b> , 19 <b>53</b> , to <b>3/3</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3/2</b> , 19 <b>53</b> , and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Norman K. Merchants M.D.</b>		23b. ADDRESS <b>Troy Mo.</b>	23c. DATE SIGNED <b>3/4/53</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 5, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zoar Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln County Mo.</b>
DATE REC'D BY LOCAL REGISTRAR <b>3-7-1953</b>	REGISTRAR'S SIGNATURE <b>Emma D. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayne M &amp; Coy Troy Mo</b> ADDRESS _____	

JUL 1 1953

**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

*Wayne M. Coy*

Licensed Embalmer No. *3584*

P. O. Address *3roy 2ms-*

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.