

STANDARD CERTIFICATE OF DEATH

State File No. **4454**

FILED FEB 18 1954 REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **6**

0361

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Sullivan		c. LENGTH OF STAY (In this place) 2 1/2 years 9 mo	c. CITY OR TOWN Sullivan
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 Sewell St.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 223 Sewell St.		0361	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Benjamin c. (Last) Schultz		4. DATE OF DEATH (Month) (Day) (Year) 2 6 54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1898
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	
10b. KIND OF BUSINESS OR INDUSTRY Pub. Serv.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James B. Schultz	
13b. MOTHER'S MAIDEN NAME Emma Reed		14. NAME OF HUSBAND OR WIFE Mildred Schultz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-01-0742	
17. INFORMANT'S SIGNATURE OR NAME Mildred Schultz		ADDRESS Sullivan, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Closure (Coronary Thrombosis) 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	
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) 4201	
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 2/6 , 19 54 , to 2/6 , 19 54 , that I last saw the deceased alive on 2/6 , 19 54 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE John J. DeLore MD		23b. ADDRESS Sullivan, Mo.	
23c. DATE SIGNED 2/9/54		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-9-54		24c. NAME OF CEMETERY OR CREMATORY Anaconda Cemetery	
24d. LOCATION (City, town, or county) (State) Morrellton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas A. Humphrey	
DATE REC'D. BY LOCAL REG. 2/9/54		ADDRESS St. Louis, MO	

APR 12 1958

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 *R. M. Perry*

Licensed Embalmer No. 3601

P. O. Address *St. Clair, Mich.*

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.