FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10072

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 36 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural White Township
d. STREET ADDRESS (If rural, give location): Ionia, Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Chris
b. (Middle): J
c. (Last): Schultz

4. DATE OF DEATH (Month) (Day) (Year): Apr 5th 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 28th 1878
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 2 Days: 7
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: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William Schultz
13b. MOTHER'S MAIDEN NAME: Wilheminer Beilefelt
14. NAME OF HUSBAND OR WIFE: Mrs Della Schultz

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Della Schultz, Rt 1, Ionia 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) Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Ulcer — —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarct — 24 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5410
20. AUTOPSY? YES [X] 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* Nov 1955 *to* April 5, 1956, *that I last saw the deceased alive on* April 3, 1956, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE A. L. Walter (Degree or title) MD
23b. ADDRESS Sedalia Mo
23c. DATE SIGNED Apr 5 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-56
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia Pettis Mo

DATE REC'D BY LOCAL REG.: 4-6-56
REGISTRAR'S SIGNATURE: Lavine Coons Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: B L Eickhoff Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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