No. 300
10.48

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13478

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1427

4

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland ave Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 16 mo, N. 6
d. STREET ADDRESS (If rural, give location): 1006 7509 Carolane 50 6 1

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

4. DATE OF DEATH (Month) (Day) (Year): May 30 - 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 2 - 1873

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Camden Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hale

13b. MOTHER'S MAIDEN NAME: Harriett Frances Artman

14. NAME OF HUSBAND OR WIFE: Phillip Jacob Schultz (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Mrs John Vawter ADDRESS: Parkville 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) arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

45.00

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* 1-1-56, 19__, *to* 3-30-56, 19__, *that I last saw the deceased alive on* 3-30-56 19__, *and that death occurred at* 8 1/2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Paul Laurenzana MD

23b. ADDRESS: 428 South White Ave

23c. DATE SIGNED: 3.30.56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 2-56

24c. NAME OF CEMETERY OR CREMATORY: South Point

24d. LOCATION (City, town, or county) (State): Orrick Mo

DATE REC'D BY LOCAL REG.: 4-2-56

REGISTRAR'S SIGNATURE: Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Frank Paul Laurenzana

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, ~~only~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

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

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