

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
26

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>51 YRS.</u>		100%	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 EAST DAVIDSON AVE</u>		d. STREET ADDRESS (If rural, give location) <u>311 EAST DAVIDSON AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>William</u> c. (Last) <u>SCHULTZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30, 1956</u>
---	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 13, 1882</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>73 11 17</u>
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARMAN (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO Rlwy. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>WhiteWater, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>J. A. SCHULTZ</u>	13b. MOTHER'S MAIDEN NAME <u>(UNKNOWN) FRITZ</u>	14. NAME OF HUSBAND OR WIFE <u>GENA ANNA SCHULTZ</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROY LEE SCHULTZ - ALTON, ILL.</u>	ADDRESS _____
--	----------------------------------	--	---------------

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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardiosis</u>		<u>5 yrs.</u>
DUE TO (c) <u>Cardio-vascular renal disease</u>		<u>5 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo.</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 10/11, 1955, to 6/30, 1956, that I last saw the deceased alive on 6/21, 1956, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Hehmer, D.O.</u>	23b. ADDRESS <u>Chaffee, Missouri</u>	23c. DATE SIGNED <u>7/2/56</u>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, MISSOURI</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-9-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Berg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u>	ADDRESS <u>FUNERAL HOME - CHAFFEE, MO.</u>
--	---	--	--

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

45

DATE RECEIVED JUL 11 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-150

FEB 27 1958

JUL 24 1956

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 Jack J. Lunnett
Licensed Embalmer No. 4472

P. O. Address Chaffee, 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.