

FILED AUG 19 1957

STANDARD CERTIFICATE OF DEATH

29003

STATE FILE NUMBER

Registration District No. 278Primary Registration District No. 3054Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co Hosp</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1828</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MARIE H SCHULTZ</u>			4. DATE OF DEATH <u>Aug. 13th 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 20 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>72</u> UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>11</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>PIKE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Henderson</u>		14. MOTHER'S MAIDEN NAME <u>Mollie Sperry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Housewife</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Mrs Edna L. Stearns</u> Address <u>Pyrene</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lymphosarcoma.</u> Conditions, if any, which gave rise to above (a), stating the underlying cause last. DUE TO (b) <u>1st noticed 8 weeks ago.</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>2001</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>6/23/57</u> to <u>8/1/57</u> and last saw her alive on <u>8/1/57</u> . Death occurred at <u>7:20 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. L. Bigler D.O.</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Louisiana MO</u>	22c. DATE SIGNED <u>8/3/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 3rd 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEMETARY</u>	23d. LOCATION (City, town, or county) (State) <u>PIKE CO. MO.</u>
24. FUNERAL DIRECTOR <u>Inace Bonfaced Bowling Green MO</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 5, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Harold C. Kinske*

Licensed Embalmer No. 92

P. O. Address *Bamb...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.