

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025952

STATE FILE NUMBER

3568

Registrar's No. 306

FILED JUL 30 1958

Registration District No. 146 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Decatur		
b. CITY (If outside corporate limits, give TOWNSHIP only) Blue township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 71 bypass and INSTITUTION 40 highway		Length of stay in lb Transit	d. STREET ADDRESS (If outside, give location) 302 E. 7th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Chris First Schuldt Middle Jr. Last			4. DATE OF DEATH July 18 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1888		9. AGE (In years, last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Warren County, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Chris Schuldt		13b. MOTHER'S MAIDEN NAME Adelia Workman		14. NAME OF HUSBAND OR WIFE Letha Schuldt	
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. 480-36-3834		17. INFORMANT Louis Schuldt Address Van Wert, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures Skull fracture both Ankles numerous Conditions, if any, which gave rise to above cause (a), steering the underlying cause last. } DUE TO (b) Contusions & Abrasions DUE TO (c) Contusions & Abrasions 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
20a. ACCIDENT <input checked="" 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.) Two car collisions			
20c. TIME OF INJURY Hour Month, Day, Year 7-18-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY MO STATE	
21. I attended the deceased from 11:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James C. Carson (Degree or title)			22b. ADDRESS 1034 1/2 E. 10th St. Decatur		22c. DATE SIGNED 7-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE July 19, 1958		23c. NAME OF CEMETERY OR CREMATORY Northwalk (State) Iowa	
24. FUNERAL DIRECTOR Geo. C. Carson ADDRESS Independence, Mo			25. DATE RECD. BY LOCAL REG. 7-19-58		26. REGISTRAR'S SIGNATURE James C. Carson

MS OCT 2 1959

MAR 11 1959

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 *C. Ray Luderback*

Licensed Embalmer No. *5027*

P. O. Address *Indigo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.