THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000487
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Edwards Mo Edwards Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN: Near Edwards, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Claud Middle: Albert Last: Schutz
4. DATE OF DEATH: Month: Jan Day: 6 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-15-1895 1-15-95
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 11 Days 22 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired RR Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Schutz Mill, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph Schutz
14. MOTHER'S MAIDEN NAME: Eliza McConnell
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.: 709-12-1165
17. INFORMANT: Claude Schutz Jr. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Block left Frontal Branch
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 5 Months
DUE TO (c) Cardiac Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4 DOC
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec. 15 1958 to Jan 4 1959 and last saw her him alive on Jan 4 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. T. Powell (Degree or title) D. C. — 22b. ADDRESS Camdenton, Mo. — 22c. DATE SIGNED Jan 6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 1-10-59 — 23c. NAME OF CEMETERY OR CREMATORY Curryville Cemetary — 23d. LOCATION (City, town, or county) (State) Curryville, Mo.
24. FUNERAL DIRECTOR William E Waters — ADDRESS Vandalia Mo — 25. DATE RECD. BY LOCAL REG. Jan 10-1959 — 26. REGISTRAR'S SIGNATURE Alda Eldred

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B Waters

Licensed Embalmer No. 4

P. O. Address Vanda

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.