

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036808

FILED VS NOV 10 1959

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 95

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lincoln		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark (Township)		Length of stay in lb 10 yr.		c. CITY OR TOWN Missouri b. COUNTY Lincoln	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mile NW of Moscow Mills MO.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1/2 mile NW. Of Moscow Mills	
3. NAME OF DECEASED (Type or print)		First MARY		Middle ANN		Last SCHULZE	
4. DATE OF DEATH		Month Nov.		Day 1		Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Linns Mill MO.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Henry Scheer			13b. MOTHER'S MAIDEN NAME May Schloeman			14. NAME OF HUSBAND OR WIFE Herman Schulze	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Myrtle Riehl Moscow Mills Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) MEDULLARY FAILURE						5 min.	
DUE TO (b) CEREBRAL ANOXIA						7 weeks	
DUE TO (c) ADVANCED CEREBRAL ARTERIOSCLEROSIS						years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONITIS WITH HYPERTYREXIA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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	Month, Day, Year					
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 Nov. 1, 1959 to Nov. 1, 1959 and last saw her/him alive on Nov. 1, 1959				Death occurred at 12.03 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Warren B Hamilton, D.O.			22b. ADDRESS WENTZVILLE, Mo.			22c. DATE SIGNED 11-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln County Mo.			
24. FUNERAL DIRECTOR ADDRESS D.W. Mc Coy Troy Mo.			25. DATE RECD. BY LOCAL REG. 11-3-59		26. REGISTRAR'S SIGNATURE Charlotte Leek		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 D. W. McEoy
Licensed Embalmer No. 3586

P. O. Address Tray 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.