

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046472

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 250

DO NOT WRITE ON THIS STUB

AMENDED

1. FILED DEC 18 1962 a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in lb 16 hrs.	c. CITY OR TOWN Owensville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 S. First St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Henry Schulte			4. DATE OF DEATH Month Day Year Dec. 10, 1962		
5. SEX male	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 8-11-1884	9. AGE (last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe working	11. BIRTHPLACE (City and state or country) Bay, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Schulte		13b. MOTHER'S MAIDEN NAME Louise Fleer		14. NAME OF HUSBAND OR WIFE Della Nuhmann Schulte	
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. 492-09-925	17. INFORMANT Address Bernice Schulte Hermann, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) Atherosclerosis About 7 yrs	
DUE TO (c) Chronic Myocardial Degeneration about 3 yrs				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 a.m. p.m.	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>12-4-62</u> to <u>12-10-62</u> and last saw him alive on <u>12-9-62</u> Death occurred at <u>2:55 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Percy Bruner, M.D.</i> (Degree or title)		22b. ADDRESS <i>Owensville, Mo.</i>		22c. DATE SIGNED <i>12-11-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-12-1962	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.		
24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. <i>12/12/62</i>	26. REGISTRAR'S SIGNATURE <i>Leola C. Nuhmann</i>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 10365
 20390
 3
 4 0
 5 2
 6
 7 0
 8 2
 9 4201
 10
 11
 12 2-0
 13 5-0

JAN 4 1963
FEB 28 1963

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 Walter H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.