

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014694

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 40

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

4/5/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Richmond, Virginia

ITEM NO. SHOULD READ

11 Oklahoma

BY AFFIDAVIT OF informant

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Vernon		a. STATE Missouri		b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		Length of stay in 1b 30 years		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1801 West Hickory	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. AGE (last birthday)	
First ALBERT		Month March		Day 3	
Middle LEE		Year 1963		IF UNDER 1 YEAR	
Last SCHULZE				IF UNDER 24 HR	
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1908	9. AGE (last birthday) 54	Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and state or country) Oklahoma, Virginia	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Albert Lee Schulze		13b. MOTHER'S MAIDEN NAME Rosa L. Merritt	
14. NAME OF HUSBAND OR WIFE Balzoria Irene Reynolds		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.	
17. INFORMANT Mrs. A. L. Schulze		Address Nevada, Missouri		INTERVAL BETWEEN ONSET AND DEATH 5 days	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest (Ventricular fibrillation)					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion with myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 7 months
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Chronic heart disease, decompensated				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	
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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/> 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 June 1949 to March 1963 and last saw him alive on March 3, 1963 Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Paul W. Perry, M.D.</i>			22b. ADDRESS <i>Nevada, Mo</i>		22c. DATE SIGNED 3/17/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 5, 1963	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home		ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 3-14-1963	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 25 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 L. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.

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