

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 87777

|                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                              |  |                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                     |  | REG. DIST. NO. 150                                                                                                                                                                                                                                                                                           |  | PRIMARY REG. DIST. NO. 5372                                                                                                  |  | Registrar's No. 52                                                                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |                                                                                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Township                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                              |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence                                    |  |                                                                                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                              |  | d. STREET ADDRESS RR 4                                                                                                       |  |                                                                                                   |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                              |  | a. (First) Theodore                                                                                                                                                                                                                                                                                          |  | b. (Middle) L                                                                                                                |  | c. (Last) Schulenberg                                                                             |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                    |  | Mar. 4, 1949                                                                                                                                                                                                                                                                                                 |  | 5. SEX male                                                                                                                  |  | 6. COLOR OR RACE white                                                                            |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married                                                                                                                                                                      |  | 8. DATE OF BIRTH Aug. 1, 1881                                                                                                                                                                                                                                                                                |  | 9. AGE (In years last birthday) 67                                                                                           |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner |  |
| 11. BIRTHPLACE (State or foreign country) Independence, Mo.                                                                                                                                                                         |  | 12. CITIZEN OF WHAT COUNTRY? American                                                                                                                                                                                                                                                                        |  | 13a. FATHER'S NAME John Schulenberg                                                                                          |  | 13b. MOTHER'S MAIDEN NAME Louise Zwerfel                                                          |  |
| 14. NAME OF HUSBAND OR WIFE Mrs. Nellie Schulenberg                                                                                                                                                                                 |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no                                                                                                                                                                                                                                         |  | 16. SOCIAL SECURITY NO. NO                                                                                                   |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Schulenberg, Independence, Mo.                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.     |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><i>Cardiovascular renal disease</i><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><br>DUE TO (b) <i>Old cerebral hemorrhage</i><br><br>DUE TO (c) <i>33 yr</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>years</i><br><i>10 years</i>                                                          |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>               |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                              |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                             |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                     |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)          |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                                                                                                     |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)                                                                                                                                                                                                                                                              |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |  | 21f. HOW DID INJURY OCCUR?                                                                        |  |
| 22. I hereby certify that I attended the deceased from March 1, 1949, to March 4th, 1949, that I last saw the deceased alive on March 4th, 1949, and that death occurred at 2:05 pm., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                              |  |                                                                                                   |  |
| 23a. SIGNATURE (Degree or title) Frank E. Truham, M.D.                                                                                                                                                                              |  | 23b. ADDRESS Independence, Missouri                                                                                                                                                                                                                                                                          |  | 23c. DATE SIGNED 3-8-49                                                                                                      |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                  |  |
| 24b. DATE 3-3-49                                                                                                                                                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery                                                                                                                                                                                                                                                         |  | 24d. LOCATION (City, town, or county) (State) Independence, Missouri                                                         |  | DATE REC'D BY LOCAL REG. 3-14-49                                                                  |  |
| REGISTRAR'S SIGNATURE Donald C. Emmebaum                                                                                                                                                                                            |  | FUNERAL DIRECTOR'S SIGNATURE Rob. Carson                                                                                                                                                                                                                                                                     |  | ADDRESS Independence, Mo.                                                                                                    |  | (Licensed Embalmer's Statement on Reverse Side)                                                   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed R. A. Lisle

Licensed Embalmer No. 4/23

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.