

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 19270

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (in this place) <u>60 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST BLAND ST.</u>				d. STREET ADDRESS (If rural, give location) <u>721 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) <u>John</u>		c. (Last) <u>Schulz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 11 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>18</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOREMAN MACHINE TOOLS</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Charles Schulz</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Schulz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-07-7855</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Fred J. Schulz Jr. 1521 1/2 7th St. Hannibal Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Case. The deceased fell dead while at work shoveling gravel into a mixer. History did not show any Coronary heart. no evidence of infarct of myocardial infarction. probably died after heart condition.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>none</u>					
		DUE TO (c) <u>any Coronary heart. no evidence of infarct of myocardial infarction. probably died after heart condition.</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Vandalia Audrain Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>none</u>		<u>H343</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>live on June 29, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.</u>							
23a. SIGNATURE <u>S. C. Adams M.D. Coroner</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>6 29 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hannibal Grand View</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 30 1950</u>		REGISTRAR'S SIGNATURE <u>Mallie Fugue</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0041  
1341

RECEIVED JUL 5 1950  
District Health Officer No. 10  
District File Number 7-50-1084  
Date Filed JUL 11 1950

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 Thos. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.