

FILED AUG 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24284

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Rolla twp.</u>		c. LENGTH OF STAY (in this place) <u>26 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Rolla</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Rolla twp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>3 miles South of Rolla</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) <u>HELEN</u> c. (Last) <u>SCHULZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 16, 1898</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		
11. BIRTHPLACE (State or foreign country) <u>U</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John M. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Greene</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Schulze</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Schulze</u> ADDRESS <u>Route 2 Rolla</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of left breast with metastases to lung.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES <u>metastases to lung.</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			170X
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 5 yrs, 19 , to July 22, 1950, that I last saw the deceased alive on July 22, 1950 and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. F. [Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bch 534 Rolla Mo</u>		23c. DATE SIGNED <u>7-24-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-25-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Rolla, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1810

RECEIVED 8-2-50

Phelps County Health Officer,

County File Number 850

Date Filed 8-9-50

SEP 10 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 Paul E. Neill

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.