

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33058

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5313 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>North MONITEAU</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>(RURAL) BINN 0270</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PISCAN MO</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR LUPUS MO</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HENRY</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>SCHULZE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30-1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT 1-1854</b>	9. AGE (In years last birthday) <b>96</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNERY</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>WM SCHULZE</b>	13b. MOTHER'S MAIDEN NAME <b>CHRISTINA HARS</b>	14. NAME OF HUSBAND OR WIFE (DEAD) <b>MARGARET SCHULZE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Fred Heyward</b>	ADDRESS <b>Bumcote MO</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>(?)</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-Sclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Sensitivity</b>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		<b>4-80</b>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 9, 1950**, to **Oct 30, 1950**, that I last saw the deceased alive on **Oct 23, 1950**, and that death occurred at **4:9 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. Deekroeger M.D.</b>	U (Degree or title)	23b. ADDRESS <b>Bronxville Mo.</b>	23c. DATE SIGNED <b>10/30/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-1-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>JAMESTOWN METHODIST</b>	24d. LOCATION (City, town, or county) (State) <b>JAMESTOWN MO</b>
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DATE REC'D BY LOCAL REG. <b>10/31/50</b>	REGISTRAR'S SIGNATURE <b>U. T. Meredith</b>	442	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Albert Hornbeck</b>	ADDRESS <b>Traine Home MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-1-50

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 11-1-50 .....

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 *C. Albert Hornbeck* .....

Licensed Embalmer No. *2714* .....

P. O. Address *Barrie Home Inc.* .....

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.