

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33878

0495

Schulte

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>458</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Berry			
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. LENGTH OF STAY (In this place) 6 day		c. CITY (If outside corporate limits, write RURAL and give township) Rural		0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 2 miles south of Pierce City, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Engelbert			b. (Middle) Joseph		c. (Last) Katsfey		4. DATE OF DEATH (Month) (Day) (Year) October 12, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-17-1869		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Adolph Katsfey			13b. MOTHER'S MAIDEN NAME Agnes Katsfey		14. NAME OF HUSBAND OR WIFE Agnes Katsfey		
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'S SIGNATURE OR NAME ADDRESS Agnes Katsfey Pierce City Mo.			
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) Cardio Vasc. - Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm Aortic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 19465 2 weeks. 442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>Oct 2</u> , 19 <u>50</u> , to <u>Oct 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 11</u> , 19 <u>50</u> , and that death occurred at <u>20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. Schulte M.D.				23b. ADDRESS 2001 Berry St. Joplin Mo.		23c. DATE SIGNED 10-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Pierce City, Mo.		
DATE REC'D BY LOCAL REG. 10-17-50		REGISTRAR'S SIGNATURE Ed S. James		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

RECEIVED 10-21-50

Jasper County Health Office

County File Number 50-10-757

Date Filed 10-21-50

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

Charles E. Frey

Licensed Embalmer No.

4768

P. O. Address

Joplin, 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.