No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39826

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
c. LENGTH OF STAY (In this place): 5 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Helena's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia - (Rural) 0100 n
d. STREET ADDRESS (If rural, give location): South, 4 mi; West ½ mile.

3. NAME OF DECEASED (Type or Print)
a. (First): Burl
b. (Middle): F.
c. (Last): Schultz

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May-18-1882
9. AGE (In years last birthday): 68 — If under 1 year: Months 6, Days 27 — If under 1 hr.: 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): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Augusta Schultz
13b. MOTHER'S MAIDEN NAME: Louvinia Davis
14. NAME OF HUSBAND OR WIFE: Mrs. Osie Schultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Osie Schultz — ADDRESS: Centralia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 15, 1950, *to* Dec. 15, 1950, *that I last saw the deceased alive on* Dec 14, 1950, *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. P. Roberts (Degree or title): D.O.
23b. ADDRESS: Centralia, Mo
23c. DATE SIGNED: 12-15-50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17-1950
24c. NAME OF CEMETERY OR CREMATORY: East Memorial Park
24d. LOCATION (City, town, or county) (State): Mexico, Missouri
DATE REC'D BY LOCAL REG.: Dec 16-1950
REGISTRAR'S SIGNATURE: Maud McBride
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Paul G. Ballew, Centralia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/19/80
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-19-80

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 J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.