

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 297

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosendale 8020	
c. LENGTH OF STAY (in this place) 1. mo		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. M.E. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Conrad c. (Last) Shultz			4. DATE OF DEATH (Month) (Day) (Year) 1-8-1951		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH July 27-1928	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 5 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frank C. Shultz	13b. MOTHER'S MAIDEN NAME Mary Ella Reece	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Shultz	ADDRESS Rosendale Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) St. Joseph Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **12/25/1950**, to **1/8/1951**, that I last saw the deceased alive on **1/8/1951**, and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Greenberg M.D.	23b. ADDRESS 214 N. 1st St. St. Joseph Mo	23c. DATE SIGNED 1/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-1951	24c. NAME OF CEMETERY OR CREMATORY Lower Keeley	24d. LOCATION (City, town, or county) (State) Near Rosendale Mo
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DATE REC'D BY LOCAL REG. Jan. 9, 1951	REGISTRAR'S SIGNATURE Carl C. Cas Cup	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS Savannah Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

R. Lester Bran

Signed.....
Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address *Sumner, 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.