

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12187

370

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

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BOWLAWARE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BOWLAWARE TWP</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>(NEAR) BAY 0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(NEAR) BAY</u>		d. STREET ADDRESS (If rural, give location) <u>(NEAR) BAY 0370</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> (Type or Print)		b. (Middle) <u>SCHULTE</u> c. (Last)	
4. DATE OF DEATH <u>APRIL 14 1951</u> (Month) (Day) (Year)		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>APRIL 17-1866</u>		9. AGE (In years last birthday) <u>84</u> If under 1 year: Months Days If under 1 min. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>NEAR BAY Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.D. SCHULTE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C REITHMEYER</u>	
14. NAME OF HUSBAND OR WIFE <u>CAROLINA KLAAS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley SCHULTE</u> ADDRESS <u>BAY Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertention</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
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 <u>443x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>October, 1944</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 6, 1951</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. G. Rhodius M.D.</u> (Degree or title)		23b. ADDRESS <u>Hermann Mo</u>	
23c. DATE SIGNED <u>April 16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-17-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL PRESBYTERIAN</u>		24d. LOCATION (City, town, or county) (State) <u>BAY Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/16/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>(NEAR) BAY OWENSVILLE Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Malcolm N. H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.