

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13303

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 4329		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston, Mo		0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Of Bill Stroud Wyatt Mo				d. STREET ADDRESS (If rural, give location) Mitchell Hotel, Charleston, Mo			
3. NAME OF DECEASED (Type or Print) John H. Schulte			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April, 5, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May, 8, 1864	
9. AGE (In years last birthday) 86		IF CHILD: YEAR Months Days		IF CHILD: HRS. Mts.			
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) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Schulte			13b. MOTHER'S MAIDEN NAME Elizebeth Budeka			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Stroud, Wyatt, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertrophic prostatic</u> 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 <u>10 days</u> <u>6 mo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610x</u>				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) 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 <u>March 29, 1951</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 5, 1951</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. P. Benton</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS Charleston, Mo		23c. DATE SIGNED 4/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo	
DATE REC'D BY LOCAL REG. <u>May 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Schulte</u> 439		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Munnelee Funeral Chapel, Charleston, Mo			

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

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MAY 3 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 4 1951

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 Edward E. Funnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.