

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. **15691**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 550

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	d. STREET ADDRESS (If rural, give location) 708 N. 4th Street
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 N. 4th Street			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Schultz			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH June 19, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? US A

13a. FATHER'S NAME John Gottlieb Schultz	13b. MOTHER'S MAIDEN NAME Rexanna Lovell	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. *****	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Alexander ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Epilepsy ANTECEDENT CAUSES General Arteriosclerosis 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.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (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 ~~attested~~ the deceased from 5/16, 1951, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 5/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17, 1951.	24c. NAME OF CEMETERY OR CREMATORY Green Cemetery
		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri.

DATE REC'D BY LOCAL REG. May 23, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoff ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 ^{not} embalmed by me, or by *** **

**** ***** Student Embalmer No. *****

working under my personal supervision.

Signed *Robert Harrington*
Licensed Embalmer No. 3258 Missouri.

Signed **** ***** ****
Student Embalmer

P. O. Address St. Joseph, Missouri.

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.