

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30990**
Registrar's No. **80**

FILED SEP 21 1951

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
c. LENGTH OF STAY (In this place) 56 yrs.		d. STREET ADDRESS (If rural, give location) 910 Carleton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 Carleton Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) Houck	c. (Last) Schult	4. DATE OF DEATH (Month) (Day) (Year) September 15, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge	10b. KIND OF BUSINESS OR INDUSTRY Circuit Court	11. BIRTHPLACE (State or foreign country) Caruthersville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hina C. Schult	13b. MOTHER'S MAIDEN NAME Henrietta Ward	14. NAME OF HUSBAND OR WIFE Helen Schult
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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) Yes W.W.I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edna Ann Raiter Endicott	ADDRESS New York
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cornary Occlusion? 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 None	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 25, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Caruthersville Mo	23c. DATE SIGNED 9/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Little Prairie	24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
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DATE REC'D BY LOCAL REG. 9-19-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home C'ville. Mo.
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9-51-229

Rec. SEP 19 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

SEP 19 1951

SEP 5 1951

SEP 19 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.

Signed H. Denver Pike

Signed.....
Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.