

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42424

S. No. 300
V. 10.48

FILED JAN 3 1952

State File No.

BIRTH NO.		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>5853</u>	Registrar's No. <u>271</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give name of CITY OR TOWN <u>Maryville</u> <i>Poer Jones</i>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville - Rural</u> <i>0740</i>		
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles east</u> <i>0</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROY</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>SCHULTE</u>
5. SEX <u>Male</u> <i>0</i>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>4/21/89</u>		9. AGE (In years last birthday) <u>62</u>		
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 account</u>		11. BIRTHPLACE (State or foreign country) <u>Ft. Madison, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Ferdinand Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Weisbruch</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Stiens Schulte</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Roy Schulte, Maryville, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Coronary atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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, 1951</u> , to <u>Dec. 25, 1951</u> , that I last saw the deceased alive on <u>12/15, 1951</u> , and that death occurred at <u>3:15A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>B. B. Byland</u> M. D.		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>12/27/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>
24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12-31-51</u>		REGISTRAR'S SIGNATURE <u>Bess Bolt</u> <i>229</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0740

1966 NWP

1966 9 8 1966

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clem M. Pruci

Signed.....
Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.