

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16749  
2509

FILED JUN 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON 0</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>FORD 81</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1-DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - SPEARVILLE 8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RONALD</u>		b. (Middle) <u>D</u>		c. (Last) <u>SCHULTE</u>	
		4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>2</u> (Year) <u>1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MARCH 11 1951</u>	
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>DODGE CITY KANSAS</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY M. SCHULTE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY NORMANNESS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE AND NAME <u>HENRY M. SCHULTE</u> R.R. #1 SPEARVILLE Ks.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma, Cerebral</u>				<u>3-3 Mos</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>5 hrs</u>	
		DUE TO (b) <u>Cerebral Edema</u>					
		DUE TO (c) <u>(no evidence of trauma)</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>33IX</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>6-2-52</u>		19b. MAJOR FINDINGS OF OPERATION, <u>Subdural hematoma, fluid, covering rt. hemisphere.</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1</u> , 1952, to <u>6-2</u> , 1952, that I last saw the deceased alive on <u>6-2</u> , 1952, and that death occurred at <u>2:18 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald F. Coburn, M.D.</u> (Degree or title) MD				23b. ADDRESS <u>411 Nichols Rd. K.C. Mo.</u>		23c. DATE SIGNED <u>6-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 2 1952</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>DODGE CITY KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>6-3-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

12-1643

**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.

*Robert R. Day*

Signed \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City,

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.