

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38227

State File No. ....

FILED NOV 20 1952

BIRTH NO. 110 REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 5425 Registrar's No. 19

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>FRANKLIN</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> |  |
| b. CITY OR TOWN <u>NEW HAVEN, BEDD</u>         | c. LENGTH OF STAY (in this place) <u>3 yrs</u> | c. CITY OR TOWN <u>NEW HAVEN, BEDD</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION        |  | d. STREET ADDRESS (If rural, give location) <u>036<sup>th</sup></u>   |  |

|   |            |                      |                          |   |
|---|------------|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>EDWARD</u> | a. (First) | b. (Middle) <u>F</u> | c. (Last) <u>SCHULTE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-52</u> |
|---|------------|----------------------|--------------------------|---|

|                    |                               |   |                                       |   |                 |               |                            |
|--------------------|-------------------------------|---|---------------------------------------|---|-----------------|---------------|----------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>FEB. 15, 1884</u> | 9. AGE (In years last birthday) <u>68</u> | Months <u>9</u> | Days <u>2</u> | IF UNDER 1 YEAR Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|-----------------|---------------|----------------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>STONEY HILL MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|---|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>WILLIAM SCHULTE</u> | 13b. MOTHER'S MAIDEN NAME <u>HENRETTA DOERNANN</u> | 14. NAME OF HUSBAND OR WIFE <u>LORENE SCHULTE</u> |
|---|--|---|

|   |                                     |   |                              |
|---|-------------------------------------|---|------------------------------|
| 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 OR NAME <u>Mrs Lorene Schulte</u> | ADDRESS <u>New Haven, MO</u> |
|---|-------------------------------------|---|------------------------------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarct</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>Died suddenly</u> |
|  | ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerotic heart disease 56 years</u>   |  |   |
|  | DUE TO (c) <u></u>   |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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) (m.) | 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 9/27, 1947, to 11/17, 1952, that I last saw the deceased alive on 9/18, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

|  |                                    |                                  |
|--|------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>P. P. Usmann</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>New Haven, MO.</u> | 23c. DATE SIGNED <u>11/18/52</u> |
|--|------------------------------------|----------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-20-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS. CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>BERGER MO.</u> |
|---|---------------------------|--|---|

|  |  |       |  |                             |
|--|--|-------|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>11-19-52</u> | REGISTRAR'S SIGNATURE <u>Edna D. Judge</u> | 475 - | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. FERTIG &amp; SON</u> | ADDRESS <u>NEW HAVEN MO</u> |
|--|--|-------|--|-----------------------------|

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 embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Carl Fertig*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3385*

P. O. Address.....

*New Haven Pa*

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.