S. No. 300 FILED DEC 15 1952
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39462

BIRTH NO. 77750 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 387 ~~[illegible]~~

644
0

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

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0870
d. STREET ADDRESS (If rural, give location): R#3

3. NAME OF DECEASED (Type or Print): a. (First) UNNAMED b. (Middle) INFANT c. (Last) OF CLARENCE & CAROLYN SCHULTEN

4. DATE OF DEATH (Month) (Day) (Year): NOV. 28, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: NOV. 28, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): HANNIBAL, MISSOURI
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: CLARENCE ORVILLE SCHULTEN
13b. MOTHER'S MAIDEN NAME: CAROLYN CHATTFIELD
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: CLARENCE ORVILLE SCHULTEN HANNIBAL, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Achondroplasia — INTERVAL BETWEEN ONSET AND DEATH: Congenital

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Developmental anomaly
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Premature birth; acute polyhydramnios; Abruptio placentae

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7581
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28, 1952, *to* 11-28, 1952, *that I last saw the deceased alive on* 11-28, 1952, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Travis R. Burns M.D.
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 12-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/29/52
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY
24d. LOCATION (City, town, or county) (State): HANNIBAL, MISSOURI

DATE REC'D BY LOCAL REG.: 12/5/52
REGISTRAR'S SIGNATURE: W C Fisher, Dr E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jack Schwartz - Hannibal, Mo.

184-1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-11-52
MARION CO. HEALTH DEPT.
DATE FILED 12-12-52

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.

Student _____
Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.