

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1618**
199

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>	c. LENGTH OF STAY (In this place) <u>5 4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4701 Wyoming</u>		d. STREET ADDRESS (If rural, give location) <u>4701 Wyoming</u>	

3. NAME OF DECEASED (Type or Print) <u>M Carl</u>	a. (First)	b. (Middle)	c. (Last) <u>Schultz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>8-3-1898</u>	9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) <u>54</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>N Lee Co</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas city, mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Schultz</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Wilkerson</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>513-09-2676</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Wilburn</u>	ADDRESS <u>RR 3 Nevada mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Systolic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>023*</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Coronary Arteriosclerosis</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>Hysterectomy from University of Kansas Hosp</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Dr. C. Kealhofer, M.D., Deputy Coroner</u>	23b. ADDRESS <u>4038 Birchwood Ave</u>	23c. DATE SIGNED <u>1-13-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-14-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Wornall</u>	ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNEADING 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.....

..... Student Embalmer No.

working under my personal supervision:

Student
Student Embalmer

Signed *Russell W. France*

Licensed Embalmer No. *4255*

P. O. Address *K. C. 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.