

FILED FEB 4 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2217

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		8644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 2009 Grace				d. STREET ADDRESS (If rural, give location) 2009 Grace			
3. NAME OF DECEASED (Type or Print) a. (First) Henry Joseph b. (Middle) Schultz c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) January 20, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 12, 1882		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pump Room Attendant		10b. KIND OF BUSINESS OR INDUSTRY I. S. C. Company		11. BIRTHPLACE (State or foreign country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Joseph Schultz.		13b. MOTHER'S MAIDEN NAME Anna Katherine Nickles		14. NAME OF HUSBAND OR WIFE Mrs. Mary Schultz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Schultz		ADDRESS Hannibal Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary due to coronary disease						
	ANTECEDENT CAUSES hypertensive cardiovascular disease						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____						
	DUE TO (c) _____						
	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 4/201					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/10/52, 19__, to 1/18/53, 19__, that I last saw the deceased alive on 1/18/53, 19__, and that death occurred at 3:45 P. m., from the causes and on the date stated above.							
23a. SIGNATURE D. E. Sultzman				(Degree or title) M.D., F.A.C.S.		23b. ADDRESS 115 N. 5th St., Hannibal, Mo	23c. DATE SIGNED 1/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/24/1953	24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.			
DATE REC'D BY LOCAL REG. 1-27-53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher		ADDRESS Hannibal Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 2 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 1953

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 _____

H. Campbell Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3814

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.