

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8897

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>321</u>			
1. PLACE OF DEATH a. COUNTY <u>Buc hanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>624 No. 7th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>		b. (Middle) <u>EDGAR</u>		c. (Last) <u>SCHULTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 12, 1888</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Rushville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles B. Edgar</u>			13b. MOTHER'S MAIDEN NAME <u>Aurora Drescher</u>			14. NAME OF HUSBAND OR WIFE <u>O. E. Shultz</u>			
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>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>City</u> ADDRESS <u>Mrs Carrie L. Burton, 624 No. 7th St.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>  <u>6 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>170 X</u>			
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 <u>Sept. 29</u> , 19 <u>47</u> , to <u>Mar 6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 6</u> , 19 <u>53</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Willie B. McDonald, M.D.</u>				23b. ADDRESS <u>301 N. 8th St.</u>		23c. DATE SIGNED <u>13 March 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. More Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Leroy P. Balwant</u> <u>Deputy Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton Bowman</u> <u>Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>			

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

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Embalmer's Statement on Reverse Side

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**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 James P. Hawkins .....

Licensed Embalmer No. 4536 .....

P. O. Address 319 S. 10th St. Joplin .....

**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.