

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13801

BIRTH NO. <u>21033</u>		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Frankline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>**</u> b. COUNTY <u>**</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>**</u>		0362			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u>		b. (Middle) <u>Harold</u>		c. (Last) <u>Schulte</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1953</u>			
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>April 7, 1953</u>			
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u>		IF UNDER 24 HRS. Mins. <u>5</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>**</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>William Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Strack</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>**</u>		16. SOCIAL SECURITY NO. <u>**</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Schulte Owensville, Mo.</u>				ADDRESS	
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) <u>Atelectasis - both lungs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbidity 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. <u>Prematurity - Born at 31 wks</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</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)		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>4-5, 1953</u> , to <u>4-12, 1953</u> that I last saw the deceased alive on <u>4-12, 1953</u> , and that death occurred at <u>9:30 PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul Brenner MD</u> (Degree or title)				23b. ADDRESS <u>Owensville, Mo.</u>			23c. DATE SIGNED <u>4-13-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 13, 1953</u>		REGISTRAR'S SIGNATURE <u>F. E. Sudman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. Winter</u>		ADDRESS <u>OWENSVILLE</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

362
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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 ~~me~~

Student Embalmer No. _____

working under my personal supervision.

NO EMBALMING

Student
Student Embalmer

Signed *Myford A. White*

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE*

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.