

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21108**

FILLED **JUN 29 1953**
 BIRTH NO. **35704** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. # 5	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) Marion Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Schulte c. (Last) Schulte			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 24, 1953	9. AGE (In years last birthday) 0	10. UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Francis Schulte		13b. MOTHER'S MAIDEN NAME Rose Mary Distler		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Schulte J. C. 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) Atelectasis, Congenital			INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625		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 **June 24, 1953**, to **June 25, 1953**, that I last saw the deceased alive on **June 25, 1953**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John S. Sennett, M.D.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 6-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Martins	
				24d. LOCATION (City, town, or county) (State) St. Martins, Mo.	

DATE REC'D BY LOCAL REG. June 26-1953		REGISTRAR'S SIGNATURE R.P. Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lyvester Dille J. C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

264
0

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 _____

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lybester Dille

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City 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.