

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24376**

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5438** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owensville, Mo. Rt.		d. STREET ADDRESS (If rural, give location) Owensville, Mo. Rt.	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Ernest c. (Last) Schultz			4. DATE OF DEATH (Month) (Day) (Year) July 17, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 5, 1867
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Albany, New York /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Ludwig Schultz	
13b. MOTHER'S MAIDEN NAME Rosetta Pietraske		14. NAME OF HUSBAND OR WIFE Bertha Drusch	
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 Paul Schultz		ADDRESS Owensville, Mo. Rt.	
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 hemorrhage - possible ruptured esophageal varix ANTECEDENT CAUSES 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 Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4621	
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) (Min.)		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 7-14, 1953 , to 7-17, 1953 , that I last saw the deceased alive on 7-17, 1953 , and that death occurred at 1:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul Schultz, M.D.		23b. ADDRESS Owensville, Mo.	
23c. DATE SIGNED 7-18-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-20-1953		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	
24d. LOCATION (City, town, or county) (State) Bem, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Millard F. A. Winter	
DATE REC'D BY LOCAL REG. July 20, 1953		REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer	
ADDRESS OWENSVILLE		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING 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 MR

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wesley H W White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE LA

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.