

FILED DEC 7 1953 STANDARD CERTIFICATE OF DEATH

State File No. 39746

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 5778 Registrar's No. 22-53

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Henley, Mo.		c. CITY OR TOWN Henley	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Jim Henry Township 0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jim Henry Township			
3. NAME OF DECEASED a. (First) Magdalena		b. (Middle) Schulte	
c. (Last) Schulte		4. DATE OF DEATH Nov. 16, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1880
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Gordan Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Kurtz		13b. MOTHER'S MAIDEN NAME Elizabeth Yack	
14. NAME OF HUSBAND OR WIFE August Schulte			
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 August Schulte		ADDRESS Henley, 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) <i>Bronchial Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chelexia and diabetes</i> DUE TO (c) <i>Mellitus for years.</i> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		- 260X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 P. from the causes and on the date stated above.			
23a. SIGNATURE <i>M. E. Humphreys D.O.</i>		23b. ADDRESS <i>Sussex, Mo.</i>	
23c. DATE SIGNED 11-19-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1953	
24c. NAME OF CEMETERY OR CREMATORY Our Lady of Snow		24d. LOCATION (City, town, or county) (State) Marys Home, Mo.	
DATE REC'D BY LOCAL REG. Nov. 21-1953		REGISTRAR'S SIGNATURE <i>Mrs. Richard L. Wright</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Gulle</i>		ADDRESS J. C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

5660

STATEMENT BY LICENSED EMBALMER

REC-1 52 5/14

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.....
Signature of Student Embalmer

Signed *Sylvester Dull*.....
Licensed Embalmer No. 4321

P. O. Address *Jefferson City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.