S. No. 300
v. 10.48

GILLESPIE FUNERAL HOME

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

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39899

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 812 East 10th., St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 812 East 10th., St.

3. NAME OF DECEASED (Type or Print)
a. (First) EMIL
b. (Middle) F.
c. (Last) SCHUHOLZ

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 22, 1864

9. AGE (In years last birthday) 89 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer -retired

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carl Schuholz

13b. MOTHER'S MAIDEN NAME Minnie Kreiger

14. NAME OF HUSBAND OR WIFE Emma Schuholz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Henrietta Reinert, Sedalia, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis and Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Aug, 1953, *to* 22 Nov, 1953, *that I last saw the deceased alive on* 22 Nov, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Glenn A. Walker (Degree or title) D.O.

23b. ADDRESS 400 W 4th St Sedalia, Mo

23c. DATE SIGNED 23Nov53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/24/1953

24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

24d. LOCATION (City, town, or county) Sedalia, Mo. (State)

DATE REC'D BY LOCAL REG. 11/24-1953

REGISTRAR'S SIGNATURE A. J. Campbell M.D. 251-

25. FUNERAL DIRECTOR'S SIGNATURE O. W. Eckhart ADDRESS Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.