

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

**42527**

State File No. ....

**FILED DEC 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 38

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>Franklin</u>	b. COUNTY <u>Franklin</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Franklin</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>	d. STREET ADDRESS (If rural, give location) <u>0360</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>JOHANNA AGNES Schulte</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 15, 1953</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 13, 1890</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Dennis Orval</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna M. Mann</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hurt Schulte</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hurt Schulte, Pacific Mo</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Myocarditis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>Undetermined.</u>
	<b>ANTECEDENT CAUSES</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Chronic Catarrhal Gastritis</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b>  Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>543 X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Aug 27, 1953, to Dec 15, 1953, that I last saw the deceased alive on Dec 15, 1953, and that death occurred at 9 30 PM on the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>John D. Schulte, M.D.</u>	<b>23b. ADDRESS</b> <u>Hy 66 and 6th, St. Pacific Mo</u>	<b>23c. DATE SIGNED</b> <u>Dec 63</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>12-18-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Anthony Cem</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Stony City Kansas</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geo. L. Schulte Pacific Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 18 - 53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mary B. Gross</u>	<b>ADDRESS</b>

(Licensed Embalmer's Signature on Reverse Side)

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

No. 200  
10-48

**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 \_\_\_\_\_

*Geo. J. Sheehan*

Licensed Embalmer No. 3000

P. O. Address. Roshe 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.