

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8919**
1330

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1330**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **1 yr**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **General Hospital No. 1**

e. STREET ADDRESS (If rural, give location) **3712 Walnut** **3518**

3. NAME OF DECEASED (Type or Print) a. (First) **Donald** b. (Middle) **Dean** c. (Last) **Schulz**

4. DATE OF DEATH (Month) (Day) (Year) **3 23 1954**

5. SEX **♂**
Ma

6. COLOR OR RACE **Wh**

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

8. DATE OF BIRTH **Sept. 24, 1930**

9. AGE (In years last birthday) **23** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Greeting Cards**

11. BIRTHPLACE (City and State or Foreign Country) **McAllen, Texas**

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

13a. FATHER'S NAME **Otto A. Schulz**

13b. MOTHER'S MAIDEN NAME **Mary V. Hamrick**

14. NAME OF HUSBAND OR WIFE **XX**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) **Yes**

(If yes, give year or dates of service) **Korean**

16. SOCIAL SECURITY NO. **453-46-9452**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Otto A. Schulz, Centralia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subarachnoid hemorrhage**

ANTECEDENT CAUSES
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.

INTERVAL BETWEEN ONSET AND DEATH

330x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 **March 20, 1954**, to **March 23, 1954**, that I last saw the deceased alive on **March 23, 1954**, and that death occurred at **3:10P m.**, from the causes and on the date stated above.

23a. SIGNATURE **B. I. Burns** (Degree or title) **M.D.**

23b. ADDRESS **24th & Cherry**

23c. DATE SIGNED **3-24-54**

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

24b. DATE **3-26-54**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Memorial Park**

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

DATE REC'D BY LOCAL REG **3-24-54**

REGISTRAR'S SIGNATURE **Sheraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wagner Funeral Home, K. C. Mo.**

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

1954 JUN 25 1954
1954 JUN 25 1954

B. C. ...
APR 7

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.....
Signature of Student Embalmer

Signed *Alvin R. Haunse*

Licensed Embalmer No. *H. 1*

P. O. Address *A. C. 7*

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.