

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36906

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove (Clear Creek Sup)</u>		c. CITY <u>Pilot Grove</u>	
c. LENGTH OF STAY (In this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles SW of Pilot Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>7 miles SW of Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOTTIE</u> b. (Middle) <u>- KASTEN</u> c. (Last) <u>- SCHULTZHAUER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>April 20 1870</u>		9. AGE (In years last birthday) <u>84</u>		10. MONTHS _____		11. DAYS _____		12. HOURS _____		13. MIN. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Detrich</u>		13b. MOTHER'S MAIDEN NAME <u>unknown - James Schultzhauer</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hob Stephens, Pilot Grove</u>		18. ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>myocardial infarction</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Heart Block.</u>				Several years	
		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from summer 1952 to Dec 1, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 7:42 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Pilot Grove</u>		23c. DATE SIGNED <u>Dec 2 1954</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 3, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 3 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Pilot Grove, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
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.....
Signature of Student Embalmer

Signed *Lepton E. May*.....

Licensed Embalmer No. *307*.....

P. O. Address *Pilot Mre*.....

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.