

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42099

State File No. ....

No. 300  
10.48

FILED JAN 4 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 3980

941

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Francois</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Francois</u>	b. COUNTY <u>St. Francois</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Donne Terre</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>	<u>0942</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location) <u>409 Houser</u>		<u>0</u>

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mrs. Henry</u>	b. (Middle)	c. (Last) <u>Schultz</u>	<u>Dec 22 - 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan. 18-1877</u>	9. AGE (In years last birthday) <u>77-11-4</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Nat. Gas. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Berlin Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Doyle Polk (daughter) 409 Houser, Flat River, Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Arterio Sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Complete Heart Block</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 12-3, 1954, to 12-22, 1954, that I last saw the deceased alive on 12-21, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. H. Appleberry M.D.</u>	23b. ADDRESS <u>Flat River MO</u>	23c. DATE SIGNED <u>12-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Yount Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 24, 1954</u>	REGISTRAR'S SIGNATURE <u>E. H. Ludloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. Flat River, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1956

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane Flat P.O.

**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.