

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12896

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u> <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schultz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 10</u> <u>1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 7 1883</u>		9. AGE (In years last birthday) <u>72</u> <u>3</u> <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTH PLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry A. Schultz</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Schultz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown)	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Schuch Jr. Dr. Clarksville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		
	DUE TO (c) <u>bronchial asthma</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</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 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 9-2, 1954, to 4-10, 1955, that I last saw the deceased alive on 4-10, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Harker, M.D.</u>	23b. ADDRESS <u>Clarksville, Mo</u>	23c. DATE SIGNED <u>4-13-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>
24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>		

DATE REC'D BY LOCAL REG. <u>4-12-55</u>	REGISTRAR'S SIGNATURE <u>Suda Richard</u> <u>256</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Clarrow</u>	ADDRESS <u>Clarksville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1955

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 W.D.R.

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Harry L. Garrell

Licensed Embalmer No. 21439

P. O. Address Clarksville 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.