

FILED SEP 12 1955

BIRTH NO. REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6234 Registrar's No. 46

I. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Pendleton Rural		c. LENGTH OF STAY (in this place) 25 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Belkhorn Hosp		e. STREET ADDRESS (If rural, give location) Belkhorn Hosp 1090	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Schulz			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 27, 1893	9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smithy	11. BIRTHPLACE (City and State or Foreign Country) Foristell, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME F. William Schulz	13b. MOTHER'S MAIDEN NAME Augusta H. Peters	14. NAME OF HUSBAND OR WIFE Ellen Cameron Schulz
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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) yes World War I	16. SOCIAL SECURITY NO. 497-16-3468	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellen Schulz, Pendleton, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure 24 hrs.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Problems 6 hrs. DUE TO (c) Carcinoma right lung 3 yrs.		
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 6/27, 1955, to 9/4, 1955, that I last saw the deceased alive on 9/3, 1955, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) R. Gundersen, M.D.	23b. ADDRESS Ponsburg Mo.	23c. DATE SIGNED 9/5/55
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-6-55	24c. NAME OF CEMETERY OF CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
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DATE REC'D BY LOCAL REG 9-6-55	REGISTRAR'S SIGNATURE Floyd A. Logan	421-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 23 1956

JAN 25 1956

SEP 15 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.....
Signature of Student Embalmer

Signed *John Thibault*.....

Licensed Embalmer No. *3*

P. O. Address *Warrent*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.