

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20184**

FILED OCT 3-1955

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 293		
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) 737 Grand Avenue				
3. NAME OF DECEASED (Type or Print) Hugo Schulten			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH September 24, 1955		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 28, 1880		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 8 Days 26		IF UNDER 1 YEAR Hours Min. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		
10b. KIND OF BUSINESS OR INDUSTRY C.B.&C.		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Robert Schulten		13b. MOTHER'S MAIDEN NAME Anna Drebes		14. NAME OF HUSBAND OR WIFE Georgia Watkins Schulten				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 707 09 0487		17. INFORMANT'S SIGNATURE OR NAME Charles Schulten ADDRESS Hannibal Missouri				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas DUE TO (c) 157X				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept 23 , 19 55 , and that death occurred at 7:20 Pm. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED Sept 27/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/27/55		24c. NAME OF CEMETERY OR CREMATORY Grand View		24d. LOCATION (City, town, or county) (State) Hannibal Missouri		
DATE REC'D BY LOCAL REG. 9-28-55 REGISTRAR'S SIGNATURE Dr. E.M. Lucke				25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hannibal Missouri				

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

RECEIVED SEP 30 1955
MARION CO. HEALTH DEPT.
DATE FILED SEP 30 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. C. Crawford Smith*

Licensed Embalmer No. 381A...

P. O. Address Hannibal, Miss

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.