

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34078

State File No. _____

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 26-55

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>MARY'S-HOME</u>	c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY OR TOWN <u>MARY'S-HOME</u>	d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY'S-HOME</u>		e. STREET ADDRESS (If rural, give location) <u>MARY'S-HOME 0660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>August</u>	c. (Last) <u>Schulte</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1955</u>
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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>27 Dec 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller-Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>August-Schulte</u>	13b. MOTHER'S MARDEN NAME <u>Elizabeth-Graff</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes-Schulte</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes-Schulte</u> ADDRESS <u>MARY'S-HOME</u>
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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) <u>Crown Aneurysm</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>Arteriosclerosis 40-50 years</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from MAY 22, 1946, to OCT 19, 1955, that I last saw the deceased alive on OCT 10, 1955 and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Humphrey M.D.</u>	23b. ADDRESS <u>Tusculumia Mo</u>	23c. DATE SIGNED <u>21 Oct 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>22 Oct 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lady-of-the-Snow</u>	24d. LOCATION (City, town, or county) (State) <u>MARY'S HOME Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21, 55</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u> ADDRESS <u>ELDON Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten scribbles

OCT 21 RECD

**MILLER COUNTY HEALTH
DEPARTMENT**

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 *Keith M. Kaye*

Licensed Embalmer No. *3996*

P. O. Address *Eldon*

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.