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FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12771

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Pilot Grove Twp
c. LENGTH OF STAY (in this place): 43-
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. North of Pilot Grove

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pilot Grove - Twp.
d. STREET ADDRESS (If rural, give location): 3 Mi. N. Pilot Grove

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) GEORGE c. (Last) SCHULTE

4. DATE OF DEATH (Month) (Day) (Year): April-10-1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25-1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farme
11. BIRTHPLACE (State or foreign country): Ft. Madison Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Schulte
13b. MOTHER'S MAIDEN NAME: Adelade Vonderhaar
14. NAME OF HUSBAND OR WIFE: Mary Schulte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Fred Vellrath — **ADDRESS**: Boonville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ± 30 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardiovascular disease — ± 5 years

DUE TO (c)

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
4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1953, *to* 9-10-56, 19____, *that I last saw the deceased alive on* 9-7-56, 19____, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. M. Stuart, M.D.
23b. ADDRESS: 329 Main; Boonville Mo
23c. DATE SIGNED: 9-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Friday 4-23-1956
24c. NAME OF CEMETERY OR CREMATORY: St Joseph Cem
24d. LOCATION (City, town, or county) (State): Pilot Grove - Mo

DATE REC'D BY LOCAL REG. 4/14/56
REGISTRAR'S SIGNATURE: B. Cooper
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hays & Hunter - Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Newton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.