

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24443

State File No. \_\_\_\_\_

FILED JUL 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 22-56

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MILLER</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TUSCUMBIA</u>   |  | c. LENGTH OF STAY (In this place) <u>1 day</u>                      | c. CITY OR TOWN <u>MARYS-HOME</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys-Hospital</u>   |  |   | e. STREET ADDRESS (If rural, give location) <u>MARYS-Home 0660</u>   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Gloria-</u> b. (Middle) <u>Kay-</u> c. (Last) <u>Schulte</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1956</u>  |  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>24 Feb 1954</u>  | 9. AGE (In years last birthday) <u>2</u>         | IF UNDER 1 YEAR: Months <u>4</u> Days <u>26</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>Miller-Co-Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |
| 13a. FATHER'S NAME <u>TONY-Schulte</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>CHARA-Hafey</u>                        |  | 14. NAME OF HUSBAND OR WIFE <u>Never MARRIED</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NONE</u>                                 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TONY-Schulte - MARY-Home-Mo</u>   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Acute Myocarditis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congenital Patent Foramen Ovale</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u><br><br><u>same birth.</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"/>   |  | <u>7543</u>   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</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>         |  |  |   |
| 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"/>   | 21f. HOW DID INJURY OCCUR? <u>NONE</u>                              |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>BIRTH</u> , 19 <u>54</u> , to <u>7-20-</u> 19 <u>56</u> , that I last saw the deceased alive on <u>7-20-</u> 19 <u>56</u> , and that death occurred at <u>10:20 AM.</u> , from the causes and on the date stated above. |  |   |  |  |   |
| 23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O. Tuscomb, Mo.</u>   |  |   | 23b. ADDRESS <u>MARYS-Home Mo</u>  |  | 23c. DATE SIGNED <u>7-20-56</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   | 24b. DATE <u>22 July 56</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>One-hady-of-Snow</u>          | 24d. LOCATION (City, town, or county) (State) <u>MARYS-Home MO</u>   |  |   |
| DATE REC'D BY LOCAL REG. <u>July 21, 1956</u>   | REGISTRAR'S SIGNATURE <u>Mrs. M. E. Kallanbach</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Mays Eldon Mo</u>  |  |   |

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

RECEIVED

JUL 27 '56

Miller County  
Health Department

AUG 30 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.....

Licensed Embalmer No. 399

P. O. Address Eldon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.