FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24540
STATE FILE NUMBER

Health, Welfare Public Service

300
1-56

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, ~~Dennon~~ Crawford Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Chamois 0760 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R D — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle * Last SCHULDT
4. DATE OF DEATH Month Day Year July 27, 1956
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 26, 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months - Days 1 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RTD Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Osage County Mo 0
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Fritz Schuldt
14. MOTHER'S MAIDEN NAME Anna Louis Goettling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Helena Schuldt. Chamois, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease c̄ Congestive failure
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 6 1956, to July 27, 1956 and last saw her/him alive on July 14, 1956
Death occurred at 7 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman W. Baldwin D.O.
22b. ADDRESS Linn, Mo.
22c. DATE SIGNED 7-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/29/56
23c. NAME OF CEMETERY OR CREMATORY Pilgram Luthern
23d. LOCATION (City, town, or county) (State) Freedom, Mo.

24. FUNERAL DIRECTOR ADDRESS Clyde Morton . Linn, Mo.
25. DATE RECD. BY LOCAL REG. Aug 1-1956
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

23 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon Morton

Licensed Embalmer No. 41

P. O. Address Lincoln,

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