

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Schull

FILED SEP 10 1956

Registration District No. 77 Primary Registration District No. 3308 State File Number 26386 Registrar's No. 261

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>										
b. CITY (If not in incorporated limits, give TOWN or TOWNSHIP) <u>Jefferson City, Mo</u> <u>Jefferson Twnshp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R.R.#5, Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holly Lane</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>R.R.#5, Jefferson City</u>		Reside on Form No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Frederick</u> Middle <u>(FRITZ)</u> Last <u>Schott</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>4</u> Year <u>1956</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April-9-1886</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning Business</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>John A. Schott</u>						14. MOTHER'S MAIDEN NAME <u>Mary Hitz</u>								
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.		17. INFORMANT <u>Jaunita Schott, R.R.#5, Jeff City, Mo</u> Address								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, extensive</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>												INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>30 min</u> <u>15 yrs</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>											
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>Aug 17, 1950</u> , to <u>Sept. 4, 1956</u> and last saw him alive on <u>Sept 2, 1956</u> Death occurred at <u>9:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <u>R. P. Davis MD</u>						22b. ADDRESS <u>521 E. High Jefferson City, Mo</u>			22c. DATE SIGNED <u>Sept 5, 1956</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)						
<u>Burial</u>		<u>9/6.56</u>		<u>Riverview Cemetery</u>				<u>Jefferson City, Missouri.</u>						
24. FUNERAL DIRECTOR <u>Ernie J. Ford</u> ADDRESS <u>Jefferson City</u>				25. DATE RECD. BY LOCAL REG. <u>6 Sept 1956</u>				26. REGISTRAR'S SIGNATURE <u>R. P. Davis MD-NR.</u>						

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 *Steph J. Gordon*
Licensed Embalmer No. *128*

P. O. Address *Jeff Co*

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