

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021498

STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY 1	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOULWAVE TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0370
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 mi. SW. of HERMANN		Length of stay in 1b 17 yrs	d. STREET ADDRESS (If outside, give location) 12 mi. SW. of HERMANN
3. NAME OF DECEASED (Type or print) First Middle Last FRANK LOUIS SCHULTE		4. DATE OF DEATH Month Day Year JUNE 6 1958	
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 31-1885
9. AGE (In years last birthday) 73 yrs		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 FARMING	11. BIRTHPLACE (City and state or country) COOPER HILL MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME HENRY SCHULTE	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA SCHULTE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-32-8286	17. INFORMANT Address ANNA SCHULTE RFD HERMANN MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STRANGULATION			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			974X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) By ROPE FROM RAFTER IN BUILDING		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <input checked="" type="checkbox"/> p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION BOULWAVE TWP.	COUNTY STATE GASCONADE MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE HUGO H. BLUMER (Degree or title) CORONER 3		22b. ADDRESS HERMANN MO	22c. DATE SIGNED 6/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/9/58	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY	23d. LOCATION (City, town, or county) (Specify) RFD HERMANN MO
24. FUNERAL DIRECTOR HUGO H. BLUMER ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 6-8-58	26. REGISTRAR'S SIGNATURE Delma Uffelmann	

All diseases in Part I must be causally related.

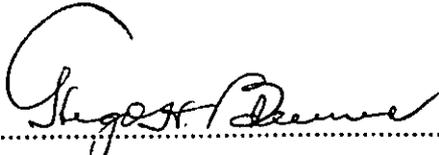
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

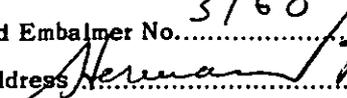
MEDICAL CERTIFICATION

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. 3160
P. O. Address 

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.