

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025953

STATE FILE NUMBER

5-5-68

Registrar's No. 307

FILED JUL 30 1958

Registration District No. 146 Primary Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Decatur		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 71 Bypass and 40 highway		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 302 E. 7th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Letha Middle Frances Last Schuldt			4. DATE OF DEATH Month July Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 7 1893		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gun City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Douglas Charles Wagner		13b. MOTHER'S MAIDEN NAME Anna C. Brown		14. NAME OF HUSBAND OR WIFE Chris Schuldt	
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. 482-07-1430		17. INFORMANT Address Louis Schuldt Van Wert, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke & Hemorrhage DUE TO (b) Fractured Skull from Gun DUE TO (c) Numerous Abrasions & Contusions PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture of femur					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Two Car Collision			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7-18-58		20d. INJURY OCCURRED WHILE AT WORK <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.) Highway	
20f. CITY, TOWN, OR LOCATION 700 Jackson MO		21. I attended the deceased from Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mich H Owens Corbin		22b. ADDRESS 1034 North Blvd		22c. DATE SIGNED 7-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE July 29, 1958		23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	
23d. LOCATION (City, town, or county) Leon, Iowa		24. FUNERAL DIRECTOR Geo. C. CARSON		25. DATE RECD. BY LOCAL REG. 7-20-58	
24. ADDRESS Indep., Mo.		26. REGISTRAR'S SIGNATURE James Craig			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

AUG 20 1958

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MAR 11 1959

MS DEC 11 1958

SEP 22 1958

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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
Signature of Student Embalmer

Signed *C. Ray Leuderbach*

Licensed Embalmer No. 5027
P. O. Address Indep., 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.