

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026166  
File No.

FILED JUL 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Bedford Twp.</b>		c. LENGTH OF STAY (If this place) <b>3 wks</b>	c. CITY OR TOWN <b>Troy 6576</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Co. Mem. Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>No Street Address</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alvin</b>	b. (Middle) <b>Charles</b>	c. (Last) <b>Schulte</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10, 1904</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Street Commissioner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>City</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Herman Schulte</b>	13b. MOTHER'S MAIDEN NAME <b>Kathrina Amann</b>	14. NAME OF HUSBAND OR WIFE <b>Opal Jeans Schulte</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-07-4234</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Opal J. Schulte, Troy, Missouri.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vasculor occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>332 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-1-**, 19**58** to **July 12, 1958**, that I last saw the deceased alive on **July 12, 1958**, and that death occurred at **2:50A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Chasack</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Troy, Missouri</b>	23c. DATE SIGNED <b>7/15/58</b>
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24a. BURIAL - CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/14/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Troy, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-18-1958</b>	REGISTRAR'S SIGNATURE <b>Nell Schoenbein per C. Leck</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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, ~~XXXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joseph J. Marsh*

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.