

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036609

STATE FILE NUMBER

4996

FILED NOV 14 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 65 YEARS	d. STREET ADDRESS (If outside, give location) 2417 JACKSON
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT CRAIG SCHULTZ			4. DATE OF DEATH Month Day Year OCTOBER 21, 1958
5. SEX MALE	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 JULY 6, 1892
9a. AGE (In years (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 66		9b. AGE (In years (last birthday) IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSTALLER		10b. KIND OF BUSINESS OR INDUSTRY BAKERY EQUIPMENT	11. BIRTHPLACE (City and state or country) Pittsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ALEXANDER SCHULTZ	
13b. MOTHER'S MAIDEN NAME CAROLINE KOI		14. NAME OF HUSBAND OR WIFE STELLA J. SCHULTZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 268-07-4599	17. INFORMANT MRS. STELLA J. SCHULTZ-KANSAS CITY Address 2417 JACKSON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Cirrhosis DUE TO (b) Hepatic Failure DUE TO (c) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 YRS. 2 WKS. 24 HRS.
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"/>		5810	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK 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 Jan 1956 to 21 Oct 58, and last saw him alive on 21 Oct 1958 Death occurred at 2:46 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wallace H. Graham, M.D.		22b. ADDRESS 518 Argyle Bldg KE, mo.	22c. DATE SIGNED 22 Oct 58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD UNIV. OF KANS. MED. CENTER
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 10-23-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Wallace H. Graham USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)



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 *Vern Sewer*

Licensed Embalmer No. *4915*

P. O. Address *KO 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.