

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045260
STATE FILE NUMBER

8
FILED JAN 5 1958 Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 642

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1. PLACE OF DEATH a. COUNTY <i>Ripley.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri.</i> b. COUNTY <i>Ripley.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Doniphan.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Doniphan.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hospital.</i>		Length of stay in lb <i>3 days.</i>	d. STREET ADDRESS (If outside, give location) <i>501 Sloan Avenue.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Florian Edward Schultz.</i>			4. DATE OF DEATH Month Day Year <i>Dec. 12, 1958.</i>
5. SEX <i>Male.</i>	6. COLOR OR RACE <i>White.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 16, 1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture.</i>	9. AGE (In years last birthday) <i>84.</i>
11. BIRTHPLACE (City and state or country) <i>Chicago, Illinois.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>(Unknown), Schultz.</i>		13b. MOTHER'S MAIDEN NAME <i>(Unknown).</i>	14. NAME OF HUSBAND OR WIFE <i>Pauline Schultz.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None.</i>	17. INFORMANT Address <i>Frank Schultz, Doniphan, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolus.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 hours.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cardiac Failure.</i>			<i>3 weeks.</i>
DUE TO (c) <i>4700</i>			
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"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>June 55</i> to <i>Dec 12, 1958</i> and last saw ^{her} him alive on <i>12/12/58</i> Death occurred at <i>9:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank C. Johnson, M.D.</i>		22b. ADDRESS <i>Doniphan, Mo.</i>	22c. DATE SIGNED <i>12/15/58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial.</i>	23b. DATE <i>Dec. 15, 1958.</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Benedict's Cemetery.</i>	23d. LOCATION (City, town, or county) (State) <i>Ripley County, Missouri.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Means Funeral Home, Doniphan, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-29-58</i>	26. REGISTRAR'S SIGNATURE <i>Flava Broz.</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

69
C

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 *Ray Meams*

Licensed Embalmer No. *3743*

P. O. Address *Donipham,*

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.