

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010589

STATE FILE NUMBER

APR 8 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 73

300
1-57

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1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy (570)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dead on arrival at St. Joseph Hospital		Length of stay in lb St. Joseph	d. STREET ADDRESS (If outside, give location) 1 Mile East of Troy MO.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First WALTER Middle LEE Last SCHULZE			4. DATE OF DEATH Month March Day 17 Year 1959		
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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 March 28, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11 Days 19	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Troy Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gustave Schulze	13b. MOTHER'S MAIDEN NAME Caroline Scheer	14. NAME OF HUSBAND OR WIFE Annie Schülze
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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) None	16. SOCIAL SECURITY NO. 494-42-5608	17. INFORMANT Annie Schulze	Address Troy MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown (evidently natural causes)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) benign prostatic hypertrophy operation, statement of Dr. R. Cridger 3/26/59 DUE TO (c) stomach condition (Dr. F. Cnty 3/18/59)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 618X		

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.)
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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 Lincoln STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Maeula Wilson R. Reg. 8	22b. ADDRESS 902 Valley Dr. Charles	22c. DATE SIGNED MAR 16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County Missouri
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24. FUNERAL DIRECTOR D.W. McCoy Troy Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 14-59	26. REGISTRAR'S SIGNATURE Thomas C. Durdon
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. W. McCoy*

Licensed Embalmer No. *35876*

P. O. Address *Troy, 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.