alth,
elfare
blic
rvice

00
57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014602
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. — Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Farmington-RURAL ST. FRANCOIS TWP. Inside Limits Yes ☒ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp. #4 Length of stay in 1b 9 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Madison
c. CITY OR TOWN Fredericktown Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) N. Main Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle C. Last Schulte, Sr.
4. DATE OF DEATH Month April Day 21 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 27, 1880
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 0 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookeeper
10b. KIND OF BUSINESS OR INDUSTRY County Collector
11. BIRTHPLACE (City and state or country) Fredericktown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Schulte
13b. MOTHER'S MAIDEN NAME Ellen DeGuire
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Joe Newberry, Address Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary thrombosis - - - - - - - - - - - - - Abt. 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation - - - - - - - - - - - - - Abt. 9 mos.
DUE TO (c) Arteriosclerotic Heart Disease - - - - - - - - - Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Psychosis with cerebral arteriosclerosis. 4 Dec.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 19, 1958, to April 21, 1959 and last saw him alive on April 21, 1959
Death occurred at 5:15 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D.
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 4-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/23/59
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Madison County, Mo.

24. FUNERAL DIRECTOR Najim Funeral Home, ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. Apr. 23 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

96

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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.