

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017519

State File No.

FILED JUN 8 1959

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. _____ Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corning</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corning</u>	
c. LENGTH OF STAY (In this place) <u>71 years</u>		d. STREET ADDRESS (If rural, give location) <u>444^o</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address & location) <u>Corning, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>Blanche</u>	c. (Last) <u>Schultz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>Dec. 25, 1865</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>93</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (State or foreign country) <u>Utica, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Agur Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Stephen J. Schultz</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Schultz - Corning, Mo.</u>	ADDRESS <u>Corning, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Arteriosclerosis</u> <u>15 years</u>		
	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>444x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 24, 1959, to May 28, 1959, that I last saw the deceased alive on May 28, 1959, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. McRae</u>	(Degree or title) <u>002</u>	23b. ADDRESS <u>Mound City Mo</u>	23c. DATE SIGNED <u>5/1/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/31/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Corning, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/2/59</u>	REGISTRAR'S SIGNATURE <u>Garnett Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schoeder - Craig, Mo.</u>	ADDRESS <u>Craig, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wilber L. Schoeder

Signed.....

Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.