

URI DIVISION OF NOV OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1959 28

59-035892

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 2000 Registrar's No. 1191

ENDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 30 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1530 N. Fairway Ter.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1530 N. Fairway Ter.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD A. SCHULTZ				4. DATE OF DEATH Month Day Year Nov. 4, 1959									
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 1/12/1929		9. AGE (last birthday) 30		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant			10b. KIND OF BUSINESS OR INDUSTRY Creamery Co.		11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.						
13a. FATHER'S NAME George H. Schultz <i>Carl W.</i>				13b. MOTHER'S MAIDEN NAME Frieda M. Seboldt				14. NAME OF HUSBAND OR WIFE Edith L. Schultz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War			16. SOCIAL SECURITY NO. 494-34-6140		17. INFORMANT Edith M. Schultz, 1530 N. Fairway Ter, Springfield, Mo.								
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) Bronchial pneumonia										3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Carcinomatosis		1 year	
DUE TO (c) Carcinoma of nasopharynx										18 mos.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 6-19-58 to 11-4-59 and last saw him ^{xx} live on 11-4-59 Death occurred at 11:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Winnifred Kelso M.D.</i>						22b. ADDRESS 1636 S. Glenstone Springfield, Missouri				22c. DATE SIGNED 11-6-59			
23a. BURIAL CREATION, REMOVAL (Specify) Burial		23b. DATE Nov. 1959		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri							
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri					25. DATE RECD. BY LOCAL REG. 11-6-59		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

1959 NOV 10 SA

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MS DEC 18 1959

DEC 8 1959

NOV 10 1959

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 Ralph A. Thorne

Licensed Embalmer No. 3681

P. O. Address Springfield

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.