URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959 77

59-039435
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 306 Bolivar Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Victor Middle Henry Last Schulte
4. DATE OF DEATH Month Nov. Day 9, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/18/95
9. AGE (last birthday) 64
IF UNDER 1 YEAR Months 3 Days 21 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electritian
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry H Schulte
13b. MOTHER'S MAIDEN NAME Mary Bode
14. NAME OF HUSBAND OR WIFE Selma Volkmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 490-09-8248
17. INFORMANT Mrs Selma Schulte J C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Terminal cerebral
DUE TO (c) accident
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 10-20-59, to 11-9-59 and last saw ~~him~~ him alive on 11-9-59
Death occurred at 7:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Everett D Sugarbaker (Degree or title) M.D.
22b. ADDRESS Jefferson City. Mo.
22c. DATE SIGNED 11/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/12/59
23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J C Mo.
25. DATE RECD. BY LOCAL REG. 14 Nov. 1959
26. REGISTRAR'S SIGNATURE R O Dorris, MD - N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

VS NOV 19 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 Sylvester Drulle

Licensed Embalmer No. 4321

P. O. Address Jefferson C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.