

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012078

FILED VS MAR 30 1960

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Twp Rolla		Length of stay in 1b 70 Yrs		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2 Cemetery Road.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JULIANNE Middle ELIZABETH Last SCHULZE				4. DATE OF DEATH Month March Day 20 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-17-71		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ellijay, Georgia		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William Andrew Elliott				13b. MOTHER'S MAIDEN NAME Sarah C. Worley				14. NAME OF HUSBAND OR WIFE George F. Schulze					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. None		17. INFORMANT Roy Schulze, Rt. 2 Rolla, M. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 24 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 past 10 yrs to 3-20-60 and last saw her alive on 3-20-60 Death occurred at 3:00PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E. E. Fend (Degree or title)						22b. ADDRESS Rolla mo.			22c. DATE SIGNED 3-21-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-23-60		23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery				23d. LOCATION (City, town, or county) (State) Rolla, Missouri					
24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home, Rolla By Paul E. Null				25. DATE RECD. BY LOCAL REG. Mar. 22, 1960		26. REGISTRAR'S SIGNATURE Nadene L Stoll							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Nul

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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