

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041587

FILED VS NOV 23 1960

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boulware Twp.</b>		Length of stay in 1b <b>lifetime</b>	c. CITY OR TOWN <b>Hermann</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Louis Henry Schulte</b>			4. DATE OF DEATH Month Day Year <b>Nov. 11, 1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-29-1901</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>carpentering</b>	11. BIRTHPLACE (City and state or country) <b>Bay, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Schulte</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Klaas</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Witte Schulte</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>44-488-42-8268</b>	17. INFORMANT Address <b>Mrs. Edna Schulte Hermann, Mo. Rt.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> <b>Recurrent</b> <b>arterial sclerosis of aorta</b> DUE TO (b) <b>arterial sclerosis of aorta</b> DUE TO (c) <b>arterial sclerosis of aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
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 <b>1957</b> to <b>1960</b> and last saw him alive on <b>11-10-60</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Gerald</b> (Degree or title)			22b. ADDRESS <b>Gerald</b>		22c. DATE SIGNED <b>11-14-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-15-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Presbyterian Cem. Bay, Mo.</b>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <b>Gottenstroeter F. Home Owensville, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-14-60</b>	26. REGISTRAR'S SIGNATURE <b>Delmas Uffelman</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**Melford H H Winter** (Licensed Embalmer's Statement on Reverse Side)

1960 DEC 8

of record

1960 DEC 8

of record

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of record

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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 Jerry A. Thompson, Student Embalmer No. Pend.

working under my personal supervision.

Student Jerry A. Thompson  
Signature of Student Embalmer

Signed Welford A H W

Licensed Embalmer No. 3838

P. O. Address OWENS

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