

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960, 37

-60-041780

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Urich Whit oak</u>		Length of stay in lb	c. CITY OR TOWN <u>Urich</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence W Schultz</u>			4. DATE OF DEATH Month Day Year <u>11 15 1960</u>				
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-4-98 62</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Urich MO-Henry U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Jr. Schultz</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Gussenberg</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-26-6046</u>	17. INFORMANT <u>Jessie Briggs</u>			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) <u>Bullet Wound - Entered</u> <u>mid forehead - a marked</u> <u>hemorrhage from superior</u> <u>sagittal sinus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>(Self inflicted)</u>		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 checked="" 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 <u>The medical attendant</u> and last saw her alive on <u>11-14-60</u> Death occurred <u>approx 11-14-60 7<sup>45</sup> to 10<sup>00</sup> p</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. B. Brennan, M.D. (Gen. Co. Coroner)</u>			22b. ADDRESS <u>Cleiston, Mo.</u>		22c. DATE SIGNED <u>11-15-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-17-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Urich MO-Henry</u>			
24. GENERAL DIRECTOR <u>Burns &amp; Mahan</u>		ADDRESS <u>Urich MO</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 17, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 28 1961

NOV 22 1960  
DEC 13 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 309

P. O. Address Clinton

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