

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 66

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DESOTO</u>	Length of stay in 1b <u>35 yrs.</u>	c. CITY OR TOWN <u>DESOTO</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 <u>1320 EASTON</u>		d. STREET ADDRESS (If outside, give location) <u>1320 EASTON</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ANTHONY HENRY SCHULZ JR.</u>			4. DATE OF DEATH Month Day Year <u>DEC. 7 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/15/09</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. PAC. R.R. CO.</u>		11. BIRTHPLACE (City and state or country) <u>MT. CARMEL MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANTHONY HENRY SCHULZ SR.</u>		13b. MOTHER'S MAIDEN NAME <u>MARY EITHEL KIRK</u>	
14. NAME OF HUSBAND OR WIFE <u>HAZEL SCHULZ</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>HAZEL SCHULZ, DESOTO MO.</u>		17. ADDRESS		17. ADDRESS	

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) <u>Bronchial Hemorrhage</u>	DUE TO (b) <u>Cancer of lung</u>	<u>hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>6 weeks</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.			

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 <u>DESOTO</u>	COUNTY <u>Mo.</u>	STATE
21. I attended the deceased from <u>Dec. 1, 1961</u> to <u>Dec. 7, 1961</u> and last saw ^{her} him alive on <u>Dec. 6, 1961</u> Death occurred at <u>5:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Harold E. Donnell M.D.</u>		22b. ADDRESS <u>De Soto, Missouri</u>		22c. DATE SIGNED <u>Dec 7, '61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 9 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LUCKEY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DESOTO RT. Mo.</u>	
24. FUNERAL DIRECTOR <u>DIETRICH F. HOME, DESOTO MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 7-1961</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 13 1961

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Deats mo

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.