

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043473

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 395

FILED DEC 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b 40 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2900 Hubbard St		d. STREET ADDRESS (If outside, give location) 2900 Hubbard St	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last May C. Schultz			4. DATE OF DEATH Month Day Year Nov 21, 1962		
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 Jan 5, 74	9. AGE (last birthday) 88	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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Robert Turnbough		13b. MOTHER'S MAIDEN NAME Mary Frances Aylor		14. NAME OF HUSBAND OR WIFE E.P. Schultz	
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.	17. INFORMANT Address Mrs. W.E. Hedden - Hannibal, Mo.	

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)	Lobar Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Exposure	
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 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 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
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21. I attended the deceased from Jan 1980 to 11-21-62 and last saw her ^{her} _{him} alive on 11-21-62.
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. ... D.O. (Degree or title)	22b. ADDRESS 112 N. 7th Hannibal, Mo.	22c. DATE SIGNED 11/23/62 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 27, 62	23c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	23d. LOCATION (City, town, or county) Quincy, Ill.
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24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home - Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 23, 1962	26. REGISTRAR'S SIGNATURE Dr. E.M. Lusk by Lillian M. Norman
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(Licensed Embalmer's Statement on Reverse Side)

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

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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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Rupa G. Clark*

Licensed Embalmer No. 4217

P.O. Address Hannibal, 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.

Permit renewed 11/23/62