

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5835**

FILED FEB 23 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Reynolds Co.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Hogans</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Ellington Dry Valley 12 mi. North of</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louisa</b>	b. (Middle) <b>Rosa</b>	c. (Last) <b>Shultz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-12-49</b>
-------------------------------------	--------------------------	-------------------------	-------------------------	--

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12-1869</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	--------------------------------------	---	---	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Reynolds Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>Thomas Pyles</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Odell</b>	14. NAME OF HUSBAND OR WIFE <b>John Shultz</b>
--	---	--

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.	17. INFORMANT'S SIGNATURE OR NAME <b>Don Santhuff, Ellington, Mo.</b>	ADDRESS
--	-------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute regurgitation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4511</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. F. Bugg, M.D.</b> (Degree or title)	23b. ADDRESS <b>Ellington Mo</b>	23c. DATE SIGNED <b>Feb 13-49</b>
--	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-14-40</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dry Valley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Reynolds, Co. Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Feb 21-49</b>	REGISTRAR'S SIGNATURE <b>Essie Evans</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Phil A. Leuckel</b>	ADDRESS <b>Ell. Mo.</b>
---	--	---	-------------------------

*Ellington*

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-24-49  
District Health Officer No. 5,  
District File Number 249163  
Date Filed 2-25-49

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 2-12-49

Student Embalmer No. ....

working under my personal supervision.

Signed

Phil A. Leuchel

Signed .....  
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Collington, 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 this body is not embalmed, fact should be so stated above.