

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13432**

FILED MAY 2 1949 **REG. DIST. NO. 292** **PRIMARY REG. DIST. NO. 6001** **Registrar's No. 13**

1. PLACE OF DEATH a. COUNTY Rails		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Rails	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntington Saline Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntington Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Huntington Missouri		d. STREET ADDRESS (If rural, give location) Huntington Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Harvey c. (Last) SHULSE		4. DATE OF DEATH (Month) (Day) (Year) April 25 1949	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 19-1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 84-5-6
		11. BIRTHPLACE (State or foreign country) Rails County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter H SHULSE		13b. MOTHER'S MAIDEN NAME Ruth Sears	14. NAME OF HUSBAND OR WIFE Grace E. Shulse
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. none	17. INFORMANT'S SIGNATURE OR NAME Ray M. Shulse ADDRESS Huntington Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Chronic myocarditis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) - m.	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 12-10-1948, to 4-25, 1949, that I last saw the deceased alive on 4-25, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. N. Summa, D.O. (Degree or title)		23b. ADDRESS Monroe City, Mo.	23c. DATE SIGNED 3-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27-1949	24c. NAME OF CEMETERY OR CREMATORY Ariel Cemetery	24d. LOCATION (City, town, or county) (State) Rails County Missouri
DATE REC'D BY LOCAL REG. 4/26/49	REGISTRAR'S SIGNATURE Clyde Wilson	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S ADDRESS Monroe City Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 449.75

Date Filed APR 29 1949

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.