

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20980**

BIRTH NO. _____		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>4335</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>		c. LENGTH OF STAY (In this place) <u>18 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>		<u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>A</u> c. (Last) <u>SHULTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>8-1-1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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 <u>PUBLIC</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALBERT-SHULTS</u>			13b. MOTHER'S MAIDEN NAME <u>CORNELLA-SHULTS</u>			14. NAME OF HUSBAND OR WIFE <u>BESSIE-L-SHULTS</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. <u>500-10-5389</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Shultz</u>		ADDRESS <u>Tipton, Mo</u>	
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) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>			
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.						<u>4201</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW AND INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 27, 1950</u> , to <u>June 27, 1950</u> , that I last saw the deceased alive on <u>6/27</u> , 19 <u>50</u> , and that death occurred at <u>10<sup>00</sup> P</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>J. F. Potts M.D.</u> (Degree or title) <u>U</u>				23b. ADDRESS <u>Tipton, Mo</u>		23c. DATE SIGNED <u>6-30-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>TIPTON MO</u>	
DATE REC'D BY LOCAL REG. <u>July 1-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Genevieve E. Hibbard</u>		ADDRESS <u>Tipton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

75.300  
10.48

**RECEIVED**  
DISTRICT HEALTH OFFICE No. 3  
District File Number .....  
Date Filed 7-5-54

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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 .....  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Fayette Md.

**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.