

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31323

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike 0821	
b. CITY OR TOWN Louisiana		c. CITY OR TOWN Louisiana 0	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 72I North Srventh St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print) Georgia May Shulties			4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1950		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 6, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 28 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Louisiana, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME H.C. Melchertson		13b. MOTHER'S MAIDEN NAME Margaret Truslow		14. NAME OF HUSBAND OR WIFE Charles Shulties (deceased)	
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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'S SIGNATURE OR NAME ADDRESS Mrs. Ted Shives, Louisiana, Mo.		
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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 2 wks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Failure	DUE TO (b) Hypertensive Cardio				
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Vascular Renal Disease				4 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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 DID INJURY OCCUR? _____		
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22. I hereby certify that I attended the deceased from **8-28, 1950**, to **9-22, 1950** that I last saw the deceased alive on **9-22, 1950**, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Jewellen M.D.		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 9-22-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/24/50	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisian, Missouri		
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DATE REC'D BY LOCAL REG. Sept 23, 1950	REGISTRAR'S SIGNATURE Bernice Collier 374	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Home O. Nagner Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

821

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Date Received: **SEP 29 1950**
DISTRICT HEALTH OFFICE #2
District File Number *9-50-16*
Date Filed: **SEP 29 1950**

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

George O. Hagner

Licensed Embalmer No. **3773**

Signed.....
Student Embalmer

P. O. Address Louisiana, 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.