

FILED SEP 25 1950

STANDARD CERTIFICATE OF DEATH

32438

State File No. 10
Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>RURAL LEADWOOD TOWNSHIP</u> c. LENGTH OF STAY (In this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LEADWOOD TOWNSHIP</u> <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WASHINGTON COUNTY</u>		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON COUNTY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>ELZA</u> c. (Last) <u>SHOULTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 11, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APRIL 15, 1899</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>27</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>MEAT PACKING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>NELSON SHOULTS</u>		13b. MOTHER'S MAIDEN NAME <u>CHARA BECKER</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH SHOULTS</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>489-05-9846</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS SARAH SHOULTS LEADWOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular heart lesion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>CO2X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 9-7, 1950, to Sept. 11, 1950, that I last saw the deceased alive on 9-8, 1950, and that death occurred at 1.50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>9-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHERRY VALLEY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CRAWFORD COUNTY, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beck & Boyd Leadwood, MO</u>			
DATE REC'D BY LOCAL REG. <u>9/15/50</u>		REGISTRAR'S SIGNATURE <u>Jennie Eichenberger</u> <u>338</u>			

No. 300
10.48

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

RECEIVED

SEP 18 1950

WASH. COUNTY HEALTH DEPT.

File No. 950-32

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.....
Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.