

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson

BIRTH MO. **MAR 3 1952** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **18**

03520

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (in this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
d. STREET ADDRESS 408 Beaton st.		3. NAME OF DECEASED (Type or Print) a. (First) Claud b. (Middle) Sylvester c. (Last) Shultz	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 1st 1952		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 30-1898	
9. AGE (In years last birthday) 53 10. MONTH 3 11. DAY 1 12. HOUR 1 13. MIN. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Peoria Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Charles Shultz	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Opal Shultz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes War I		16. SOCIAL SECURITY NO. 489-14-8709	
17. INFORMANT'S SIGNATURE OR NAME Opal Shultz		ADDRESS 408 Beaton Kennett 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic DUE TO (c) Coronary Heart Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) 4201		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 1-27, 1952 to 2-1, 1952 , that I last saw the deceased alive on 2-1, 1952 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. G. Wilson (Degree or title) M.D.		23b. ADDRESS Kennett Mo.	
23c. DATE SIGNED 2-4-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 3-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Kennett MO.		DATE REC'D BY LOCAL REG. 2-6-52	
REGISTRAR'S SIGNATURE Opal Shultz		25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service ADDRESS Kennett Mo.	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-8-52

COUNTY FILE NUMBER 252-74

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 Edgar Bill Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.