

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6926**
Registrar's No. **11**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4468**

750
1

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST MARY'S		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST MARY'S	
c. LENGTH OF STAY (in this place) 84 yrs		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED a. (First) EDGAR b. (Middle) CHARLES c. (Last) SHOULTS			4. DATE OF DEATH (Month) (Day) (Year) FEB 13 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH NOV 4 1890	9. AGE (In years last birthday) 61.6	10. IF UNDER 1 YEAR (Months) (Days)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PERRY CO. MO	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES SHOULTS	13b. MOTHER'S MAIDEN NAME MARTHA CLEARY	14. NAME OF HUSBAND OR WIFE NELLIE MARY WOLF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Nellie M. Shultz St. Mary, Mo ADDRESS

18. CAUSE OF DEATH (Enter only one cause per cause (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		15 min
19. ANTECEDENT CAUSES (Does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.)	DUE TO (b) myocardial insufficiency		1 yr.
	DUE TO (c) Chronic cardiac decompensation		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 11 auricular fibrillation			
20. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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) (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 **Aug**, 1950, to **Feb 13**, 1952, that I last saw the deceased alive on **Feb 12**, 1952, and that death occurred at **12 15 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Joseph T. Lunt Hewitt M.D.	22b. ADDRESS St. Mary, Mo.	22c. DATE SIGNED Feb 14 52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL U	24b. DATE FEB 15 1952	24c. NAME OF CEMETERY OR CREMATORY ST MARY'S Cem
24d. LOCATION (City, town, or county) (State) ST MARY'S MO	25. FUNERAL DIRECTOR'S SIGNATURE Paul Baker St. Genevieve Mo ADDRESS	
DATE REC'D BY LOCAL REG Feb 15 1952	REGISTRAR'S SIGNATURE Theresa M. Karl-Dep	

67-623

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 William J. Elder

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Ste. Genevieve SS.

State File No. 6926
Local Registrar's No. 319-4468-11

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of March, 1952, before me appears
Mrs. Nell M. Shoults, who, upon her oath, states that the original record of ^{birth} death
for Edgar Charles Shoults, died Feb. 13, 1952, in the State of
Missouri, and which was filed at Ste. Genevieve on Feb. 15, 1952, should be corrected as follows:

- Item No. 8 should read Nov. 4-1890
- Instead of Nov. 4-1889
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Nell M. Shoults - Wife
Relationship. _____

St. Marys, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of March, 1952

My Commission expires June 27th, 1952
John J. Thomure Notary Public.

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