

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **868**

FILED JAN 14 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 3

331

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>West Fork</u>		<u>0910</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			d. STREET ADDRESS (If rural, give location) <u>X</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Shults</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/5/53</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 18 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>Joseph Shults</u>		13b. MOTHER'S MAIDEN NAME <u>American Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Simmons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bertie Sutterfield West Fork 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</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) <u>4201</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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 DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1949</u> , 19 <u> </u> , to <u>1-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-4</u> , 19 <u>53</u> , and that death occurred at <u>7:45am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Jos J. ...</u>			23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>1-6-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sutterfield Cem</u>	24d. LOCATION (City, town, or county) (State) <u>West Fork Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>Dr. Dr. Hart, ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Carl ... Salem Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Carl H. Jones

Licensed Embalmer No. 2370

P. O. Address Kalamazoo MI

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.