

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2007

FILED FEB 9 1953

BIRTH NO. <u>2812</u>		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4652</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Rutledge Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u>			b. (Middle) <u>Jean</u>		c. (Last) <u>Shultz</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>3</u> (Year) <u>1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb 3, 1953</u>		9. AGE (In years last birthday) <u>12 years</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>6</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gibson Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Shultz</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Phinney</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Shultz</u>		ADDRESS <u>Rutledge 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>Asphyxia neonatorum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____					
		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 <u>7620</u>				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 <u>ON Feb 3, 1953, to</u> <u>10</u> , that I last saw the deceased alive on <u>Feb 3, 1953</u> , and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Denton Wilson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>2-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pauline cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rutledge Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Kimer</u>		ADDRESS <u>Edina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>NIT</sup> was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.