

S. No. 300
V. 10.46

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2019

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>		
b. CITY, OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>18 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg 0300</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30 1953</u>		
3. NAME OF DECEASED a. (First) <u>Thomas Delmer</u> b. (Middle) <u>Shultz</u> c. (Last) _____			5. SEX <u>Male</u> 6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>June 3, 1893</u>		9. AGE (in years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bruno, Arkansas</u>	
13a. FATHER'S NAME <u>James W Shultz</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Willis</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Shultz</u> ADDRESS <u>Phillipsburg 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>Col. adeno Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>(1)</u> ANTECEDENT CAUSES DUE TO (b) <u>Obst.</u> 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 _____			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) <u>148X</u>	
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>1-20-1953</u> , to <u>1-30-1953</u> , that I last saw the deceased alive on <u>1-30-1953</u> , and that death occurred at <u>3:30 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. E. Nanel</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Lebanon, Missouri</u>		23c. DATE SIGNED <u>1-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beckham Cemetery near Harrison Ark.</u>	
24d. LOCATION (City, town, or county) (State) _____		24e. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Hays</u> ADDRESS <u>W. E. Holman Lebanon, Mo.</u>		24f. _____	
DATE REC'D BY LOCAL REG. <u>1-30-1953</u>		REGISTRAR'S SIGNATURE <u>Heella</u>		424-0	

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

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FEB 2 1957

Laclede County Health Unit
File No. 2-53-19
Date Filed FEB 9 1957

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 Orsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.