

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15406**

FILED **MAY 5 1953**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 446L Registrar's No. 148

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

1. PLACE OF DEATH a. COUNTY <b>ST FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BISMARCK</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BISMARCK 1940</b>	
c. LENGTH OF STAY (in this place) <b>41 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kelsie</b> b. (Middle) <b>PAYNE</b> c. (Last) <b>SHOULTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 20 1953</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	
8. DATE OF BIRTH <b>Feb. 4, 1882</b>		9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>2 16</b>	
10a. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) <b>CR. Section Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Perryville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Shoults</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN Cleary</b>	
14. NAME OF HUSBAND OR WIFE <b>Sadic Shoults</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-16-0084</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. Sadic Shoults</b>		ADDRESS <b>Bismarck, Mo.</b>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
		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 <b>331X</b>		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 **MAR**, 1948, to **APRIL 20**, 1953, that I last saw the deceased alive on **APRIL 20**, 1951, and that death occurred at **1:25 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. W. Gale M.D.</b> (Degree or title)		23b. ADDRESS <b>BISMARCK, MO.</b>		23c. DATE SIGNED <b>4-21-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-22-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM.</b>	
				24d. LOCATION (City, town, or county) (State) <b>BISMARCK MO.</b>	

DATE REC'D BY LOCAL REG. <b>Apr. 22, 1953</b>		REGISTRAR'S SIGNATURE <b>Esther Redford</b> <b>289-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SHIPMAN &amp; SONS</b> ADDRESS <b>BISMARCK, MO.</b>	
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MAY 5 1948

**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 *John N. Shipman*

Licensed Embalmer No. *4881*

P. O. Address *Bismarck, Md.*

**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.