

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1955

State File No.

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Martin City</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Martin City</u> <small>Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>	
c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>135th & Holmes St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>135th & Holmes St.</u>		e. STREET ADDRESS <u>135th & Holmes St.</u> <small>(If rural, give location)</small>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Garfield</u> c. (Last) <u>Stultz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 25, 1881</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	
11. IF UNDER 4 HRS. Hours <u>16</u> Mins. <u>30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanics</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Repair</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Edwin Stultz</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Bricker</u>		13c. NAME OF HUSBAND OR WIFE <u>Gertrude Stultz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-0473</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Stultz</u> ADDRESS <u>Martin City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</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) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			

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)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 11-22, 1955, to 11-27, 1955, that I last saw the deceased alive on 11-27, 1955, and that death occurred at 10:02 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ada B. Raker M.D.</u> (Degree or title)		23b. ADDRESS <u>Martin City, Mo.</u>		23c. DATE SIGNED <u>11-28-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>	
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DATE REC'D BY LOCAL REG. <u>11/28/55</u>		REGISTRAR'S SIGNATURE <u>Sterling E. Goddard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. George & Sons Inc</u> ADDRESS <u>Grandview Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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.....
Signature of Student Embalmer

Signed *Stirling E. Goodard*.....
Licensed Embalmer No. *491*.....

P. O. Address *Grandview*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.