

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21469**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?) a. STATE Missouri b. COUNTY Dent c. CITY OR TOWN Jack d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Jack		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial				e. STREET ADDRESS (If rural, give location) Texas Typ			
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) M c. (Last) Shults			4. DATE OF DEATH (Month) (Day) (Year) June 19 1956				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 22 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Joseph Shults		13b. MOTHER'S MAIDEN NAME Mary Pewitt		14. NAME OF HUSBAND OR WIFE Georgia Shults			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495 16 5421		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Buford Shults Salem Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate with metastasis to lungs 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.				INTERVAL BETWEEN ONSET AND DEATH ? ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X				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)		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 June 7, 1956 , to June 19, 1956 , that I last saw the deceased alive on June 19, 1956 and that death occurred at 5 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joe Stricker M.D.				23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 6/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 21/56		24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cem		24d. LOCATION (City, town, or county) (State) Jack-Dent Co Mo	
DATE REC'D BY LOCAL REG. June 20, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Salem Mo			

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

RECEIVED

Phelps County Health Officer,

County File Number 451

Date Filed JUN 5 1956

JUL 2 1956

OCT 23 1956

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.....
Carl H. Johnson

Licensed Embalmer No. 235

P. O. Address Palm

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.