

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24117**
Registrar's No. **327**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **4237**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Raytown		c. CITY OR TOWN Kansas City Raytown	
c. LENGTH OF STAY (in this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5400 Sterling Kansas, Mo. T.			
e. STREET ADDRESS 5400 Sterling		(If rural, give location) K C 1000	

3. NAME OF DECEASED (Type or Print) James Mark		a. (First) James		b. (Middle) Mark		c. (Last) Shultz		4. DATE OF DEATH (Month) (Day) (Year) July 25 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 30, 1883		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George Shultz		13b. MOTHER'S MAIDEN NAME Susan Eash		14. NAME OF HUSBAND OR WIFE Easter Q. Shultz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Easter Q. Shultz 5400 Sterling	

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) Coronary thrombosis Myocardial infarction 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. Carcinoma of prostate gland with metastasis to spine		INTERVAL BETWEEN ONSET AND DEATH 12 hours 6 months	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420/H		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) m.		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 **May 19, 1956**, to **24 July, 1956**, that I last saw the deceased alive on **24 July, 1956**, and that death occurred at **2:30 a.m.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) Jack M. Davis M.D.		23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 26 July 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 27 1956		24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	
24d. LOCATION (City, town, or county) (State) Raytown, Mo.		24e. NAME OF FUNERAL HOME Wheeler		24f. ADDRESS 8800 Truxtun	

DATE REC'D BY LOCAL REG. 7-27-56		REGISTRAR'S SIGNATURE James [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

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

3540

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..... 

Licensed Embalmer No. 3991

P. O. Address 308 G. 68
H. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.