

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. **37616**

FILED NOV 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5448</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>King City Jackson Twp</u>		c. LENGTH OF STAY (in this place) <u>since 84</u>		c. CITY OR TOWN <u>King City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				e. STREET ADDRESS (If rural, give location) <u>6380</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>		b. (Middle) _____		c. (Last) <u>Shultz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11.16.1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>8.1.1877</u>	
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		13a. FATHER'S NAME <u>Wallace Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret A. Alberts</u>	
13c. NAME OF HUSBAND OR WIFE <u>Tipton Shultz</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Cleo Shultz</u>	
17. ADDRESS <u>King City 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with metastasis to Lung</u> ANTECEDENT CAUSES Morbidity 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 <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	
21a. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170X</u>		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>9-15</u> <u>4:18</u> <u>56</u> , to <u>11.16.1956</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Dr. J. H. Barnes D.O.</u>		23b. ADDRESS <u>King City Mo</u>	
23c. DATE SIGNED <u>11.19.56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11.19.1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	
24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Taggart</u>		25. ADDRESS <u>King City Mo.</u>		DATE REC'D BY LOCAL REG. <u>Nov 19-1956</u>	
REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. ADDRESS <u>King City Mo.</u>		25. ADDRESS <u>King City Mo.</u>		25. ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4620

NOV 28 1956

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### 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 *R. E. Taggart*.....

Licensed Embalmer No. 2563

P. O. Address King City 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.