THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1958

58-020929
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 4050 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisburg — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harrisburg, Mo. — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Harrisburg 6100 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: James Fremont Middle: Last: Stultz
4. DATE OF DEATH Month: June Day: 24 Year: 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 8, 1876
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 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 retired
11. BIRTHPLACE (City and state or country) Callaway County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ~~Unknown~~ John Henry Stultz
14. MOTHER'S MAIDEN NAME ~~Unknown~~ Elizabeth Houf
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-~~40~~ 759
17. INFORMANT Mrs. Jack Rader Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-vascular-renal disease — years
DUE TO (c) 412X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Coroner's Case and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harrison Neal M.D. (Degree or title)
22b. ADDRESS Columbia, Mo
22c. DATE SIGNED 6/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 26, 58
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Columbia, Mo
24. FUNERAL DIRECTOR Lyman Sprinkle, ADDRESS Columbia Mo.
25. DATE RECD. BY LOCAL REG. June 25 1958
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address Columbia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.