

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024357  
State File No.

FILED JUL 1 1958

REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 19

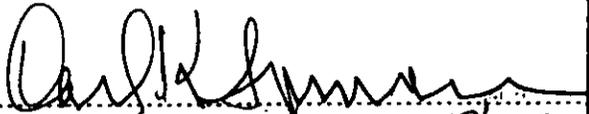
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Texas County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Licking</b>		c. LENGTH OF STAY (in this place) <b>3 yr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Licking, Missouri</b>		e. STREET ADDRESS (If rural, give location) <b>Licking, Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hayden</b> b. (Middle) <b>Lee</b> c. (Last) <b>Shults</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 4, 1888</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dent County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Shults</b>		13b. MOTHER'S MAIDEN NAME <b>America Nelson</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel Shults</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Shults, Licking, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebrovascular accident</b> DUE TO (c) <b>arteriosclerosis &amp; hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Licking, Mo. (Texas County)</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 <b>1956</b> , 19___, to <b>June 23, 1958</b> , that I last saw the deceased alive on <b>June 23, 1958</b> , and that death occurred at <b>5:45a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.J. Myers Do.</b>		23b. ADDRESS <b>Licking, Mo</b>	
23c. DATE SIGNED <b>6-24-58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-25-58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Dry Fork Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dent County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 24, 1958</b>		REGISTRAR'S SIGNATURE <b>Mrs. Elvora Hase</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. R. Hanner</b>		ADDRESS <b>Salem, Missouri</b>	

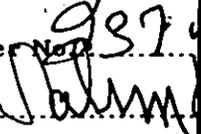
STATEMENT BY LICENSED EMBALMER

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. 937

P. O. Address.....  


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.