

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032386

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 941

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Licking 1070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hospital		Length of stay in 1b 5 days	
d. STREET ADDRESS no Street address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ETHEL Middle M. Last SHULTS			4. DATE OF DEATH Month October Day 1 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 11, 1889
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm S. Robnett	
13b. MOTHER'S MAIDEN NAME (unknown) Hodges		14. NAME OF HUSBAND OR WIFE -----	
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. Unknown	17. INFORMANT Mrs Helen Hollandsworth, Raymondville, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary arteriosclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sclerosis generalized with polyarthritis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
20c. TIME OF INJURY Hour ----- Month ----- Day ----- Year ----- a.m. ----- p.m. -----		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION COUNTY STATE 4201	
21. I attended the deceased from Sept 20 1958 , to Sept 30 and last saw ^{him} alive on Sept 30, 1958 Death occurred at 2:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leid R. Amer M.D.		22b. ADDRESS 404 Professional Building	
22c. DATE SIGNED Oct 1, 1958		23. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct 1, 1958	
23c. LOCATION (City, town, or county) (State) Salem, Missouri		24. FUNERAL DIRECTOR Jewell E. Windle	
25. DATE RECD. BY LOCAL REG. 10-2-58		26. REGISTRAR'S SIGNATURE Effie G. Melton	

MEDICAL CERTIFICATION
All diseases in Part I must be correctly related.
USE ONLY INK OR RIBBON TYPEWRITE IF POSSIBLE
CECIL R. HARRIS - M.D.

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 *Robert E. Mullen*.....

Licensed Embalmer No. *4916*.....

P. O. Address *Springfield,*

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.