. Health,
& Welfare
. Public
h Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037194
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 227 Primary Registration District No. 5-804 Registrar's No. 5-5

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME — Length of stay in Ib 2 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN MONROE CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 0690 309 CATHERINE STR — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle BELL Last SHULTS

4. DATE OF DEATH Month OCTOBER Day 17th Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH DECEMBER 31 1882
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 9 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) RALLS COUNTY MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME P. A. SHULTS
13b. MOTHER'S MAIDEN NAME ARMANDA ANDERSON
14. NAME OF HUSBAND OR WIFE ✓

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. ✓
17. INFORMANT Mrs James Carson Address Monroe City 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH ohr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
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 ☐ 0

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 Oct 17 to Oct 17 and last saw her/him alive on Oct 17
Death occurred at 7-05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo M. Kingsville (Degree or title) M.D.
22b. ADDRESS PARIS, MISSOURI
22c. DATE SIGNED OCT 20 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT 20th1958
23c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY
23d. LOCATION (City, town, or county) (State) RALLS COUNTY, MISSOURI

24. FUNERAL DIRECTOR Wilson & Son's
ADDRESS MONROE CITY, MO.
25. DATE RECD. BY LOCAL REG. OCT 20 1958
26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

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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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Leslie L. Nibor

Licensed Embalmer No. 3014

P. O. Address Monroe 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.