

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039373  
STATE FILE NUMBER

FILED DEC 5 1958 Registration District No. 93 Primary Registration District No. Registrar's No. 58-76

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marion TWP</b>		c. CITY OR TOWN <b>Lockwood-Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3mi W. Lockwood Mo</b>		d. STREET ADDRESS (If outside, give location) <b>n. Main St</b>	

3. NAME OF DECEASED (Type or print) First <b>Myrtle</b> Middle <b>Lorraine</b> Last <b>Shulfelt</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>21</b> Year <b>1958</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 22 1871</b>	9. AGE (In years last birthday) <b>86</b>	10. FUNDER 1 YEAR Months <b>10</b> Days <b>29</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Pontiac Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ernest Westerbelt</b>	13b. MOTHER'S MAIDEN NAME <b>Erner Westerbelt</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Shulfelt</b>
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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>none</b>	17. INFORMANT <b>Mrs Jess Roseman Lockwood Mo rt2</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4221</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>2-5, 1958</b> to <b>11-21-58</b> and last saw her alive on <b>Nov 18, 1958</b> Death occurred at <b>7:00A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Rudolf Knapp M.D.</b> (Degree or title)	22b. ADDRESS <b>Golden City, Mo</b>	22c. DATE SIGNED <b>11/22/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov 24 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lockwood</b>	23d. LOCATION (City, town, or county) (State) <b>Lockwood Mo</b>
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24. FUNERAL DIRECTOR <b>W.R. Allison</b>	ADDRESS <b>Greenfield Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 25, 1958</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>
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MEDICAL CERTIFICATION  
Rudolf Knapp, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

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1-57

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 *W.R. Allison* .....

Licensed Embalmer No. *4404* .....  
P. O. Address *Stamford* .....

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.