Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043628
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 82 Primary Registration District No. 4148 Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Otterville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No street numbers — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Otterville 0270 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) No street numbers — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Frank Middle Albert Last Shults
4. DATE OF DEATH Month December Day 25 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH November 1, 1890
9. AGE (In years last birthday) 68 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Syracuse, Missouri.
12. CITIZEN OF WHAT COUNTRY? U. S.A.
13a. FATHER'S NAME Albert Shults
13b. MOTHER'S MAIDEN NAME Cornelia Sparks
14. NAME OF HUSBAND OR WIFE Mary Shults
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 1
16. SOCIAL SECURITY NO. 499-24-3178
17. INFORMANT Mrs Mary Shults. Address Otterville, Missouri.

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) Myocarditis with — INTERVAL BETWEEN ONSET AND DEATH 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Degeneration — 2 yrs
DUE TO (c) Arteriosclerosis Generalized — yrs standing
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis, Nephrosis, Infirmities 4221
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 8/6/56, to 12/25/58 and last saw ~~her~~ him alive on 12/25/58
Death occurred at 6:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Benton (Degree or title) D.O. 2
22b. ADDRESS Otterville, Mo
22c. DATE SIGNED 12/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 28, 1958
23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery
23d. LOCATION (City, town, or county) (State) Otterville, Missouri.

24. FUNERAL DIRECTOR Jameson E. Richards ADDRESS TIPTON, MO
25. DATE RECD. BY LOCAL REG. 12/27/58
26. REGISTRAR'S SIGNATURE D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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JAN 7 1959

JAN 12 1959

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 Jerrece E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, M

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.