URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-042511
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's 210979

ENDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5731 Goodfellow — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 5731 Goodfellow — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: NICHOLAS	Middle: HENRY	Last: SHOULTS	4. DATE OF DEATH	Month: November Day: 26 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: Dec. 17, 1867	9. AGE (last birthday): 91	IF UNDER 1 YEAR Months: 11 Days: 9 — IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Jefferson County, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Phillip Shoults	13b. MOTHER'S MAIDEN NAME: Caroline Boren	14. NAME OF HUSBAND OR WIFE: Ada Brown Shoults			
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.: None	17. INFORMANT Address: Mrs. Edna Loeffel, 5731 Goodfellow			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

O.K. Paul J. Snow Deputy Coroner 11/1/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intracochlear fracture of left femur

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Fell at home

20c. TIME OF INJURY Hour a.m. p.m. 2 Month, Day, Year 4-1959

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.) 073 Home

20f. CITY, TOWN, OR LOCATION St. Louis, COUNTY Mo. STATE

21. I attended the deceased from Nov. 25, 1952, to Nov. 26, '59 and last saw him alive on Nov. 26, 1959

Death occurred at 10 30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John J. Lorte M.D.	22b. ADDRESS: 4703 Carter St. Louis 15 Mo.	22c. DATE SIGNED: Nov. 27 '59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Nov. 30, 1959	23c. NAME OF CEMETERY OR CREMATORY: Allens Cemetery	23d. LOCATION (City, town, or county) (State): Allenton, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ambruster Mortuary, 6633 Clayton Rd.	25. DATE RECD. BY LOCAL REG.: NOV 27 1959	26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. MBS	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.