

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

-60-007238

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Drake Township</u>		c. CITY OR TOWN <u>Drake Township</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>North of Goldsberry</u>	

3. NAME OF DECEASED (Type or print) First <u>Oral</u> Middle <u>C.</u> Last <u>Shultheiss</u>			4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 26 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>

13a. FATHER'S NAME <u>Henry Shultheiss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann MacMahan</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine C. Shultheiss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-42-1611A</u>		17. INFORMANT <u>Catherine C. Shultheiss Ethel Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Bronchostemosis and retained bronchial secretion</u>		
DUE TO (c) <u>Bronchiogenic Carcinoma</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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	

21. I attended the deceased from Sept., 1957 to termination and last saw her alive on Feb. 5, 1960
Death occurred at 6-15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>800 W. Jefferson, Kikrville, Mo.</u>	22c. DATE SIGNED <u>2/12/60</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 9 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Helton</u>	23d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u>
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24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>South Gifford Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2/13/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0561 828 472

STATEMENT BY LICENSED EMBALMER

FEB 23 198

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.