

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-048374

Unit #A-1419

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3764

STATE FILE NUMBER

FILED VS JAN 5 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. LOUIS	b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS, MISSOURI	a. STATE MISSOURI	b. COUNTY FRANKLIN
Length of stay in lb 8 DAYS		c. CITY OR TOWN SULLIVAN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS 216 WATSON ROAD	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)

First JESSE	Middle EDWARD	Last SHULTS
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4. DATE OF DEATH
Month **DECEMBER** Day **22** Year **1960**

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-26-95	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) SPRING BLUFF, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WALTER SHULTS	13b. MOTHER'S MAIDEN NAME AURELA MOSS	14. NAME OF HUSBAND OR WIFE PEARL SHULTS
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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) YES	16. SOCIAL SECURITY NO. UNK	17. INFORMANT PEARL SHULTS (WIFE) 216 WATSON ROAD SULLIVAN, MISSOURI
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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) MASSIVE GASTROINTESTINAL HEMORRHAGE	INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
DUE TO (b) ESOPHAGEAL VARICES	
DUE TO (c) LAENNEC'S CIRRHOSIS	

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 **V.A.** Month, Day, Year **12-11-60**

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 SULLIVAN	COUNTY FRANKLIN	STATE MISSOURI
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21. I attended the deceased from **12-11-60** to **12-22-60**
Death occurred at **1:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Fred Ionata M.D.</i> FRED IONATA, M.D.	22b. ADDRESS VET. ADM. HOSP. JEFF BRKS, MO.	22c. DATE SIGNED 12-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY CAVE SPRING BAPTIST CH. CEM.	23d. LOCATION (City, town, or county) (State) R.R. 2 SULLIVAN MO
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24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, MO.	25. DATE RECD. BY LOCAL REG. 12-28-60	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 419

P. O. Address Sullivan

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