

# STANDARD CERTIFICATE OF DEATH

State File No. **7555**

FILED **MAR 9 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **36**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Vernon</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Navada</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osceola</b>	
c. LENGTH OF STAY (in this place) <b>18 month</b>		0930 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tate Nursing Home</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>George</b>	b. (Middle) <b>-----</b>	c. (Last) <b>Shultz</b>	OF DEATH <b>Feb. 19, 1954</b>		

<b>5. SEX</b> Male <sup>0</sup>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> Nov, 7, 1870	<b>9. AGE</b> (In years last birthday) <b>83</b>	<b># UNDER 1 YEAR</b> Months <b>0</b> Days <b>0</b>	<b># UNDER 4 WKS.</b> Hours <b>0</b> Min. <b>0</b>
------------------------------------	----------------------------------	--	---	--	--	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Pepin Wisconsin /</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
--	--	--	--	--	--	---	--

<b>13a. FATHER'S NAME</b> <b>George Shultz</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hattie Rouse</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>-----</b>	
---	--	---	--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>J.R. Shultz, Atchison Kan</b>		<b>ADDRESS</b>	
--	--	---	--	--	--	----------------	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>One year.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Congestive Heart Failure</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis - generalized</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>DUE TO (b)</b>	
		<b>DUE TO (c)</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
				<b>4500</b>	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
---	--	--	---	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from 6-1-1953, to 2/19-1954, that I last saw the deceased alive on 2/17, 1954, and that death occurred at 10:29 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Robert C. Morris, M.D.</b>		<b>23b. ADDRESS</b> <b>Nevada, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2/25/54</b>	
--	--	---	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>2-19-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Osceola</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Osceola Missouri</b>	
--	--	------------------------------------	--	---	--	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>3-3-1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Armas &amp; Ferry</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J.P. ...</b>		<b>ADDRESS</b> <b>Osceola Mo</b>	
--	--	--	--	--	--	-------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed J. B. Deane

Licensed Embalmer No. 3038

P. O. Address Waco, Tex.

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 this body is not embalmed, fact should be so stated above.