

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan - Rural 1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>10th. Twis</u>	

3. NAME OF DECEASED (Type or Print) <u>John Wesley Shultz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-54</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-13-1869</u>	9. AGE (In years last birthday) <u>85</u>	10. F UNDER 1 YEAR <u>1</u> F UNDER 1 MONTH <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Milan - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>George G Shultz</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah E Webb (dead)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Okie Kibble</u>		ADDRESS <u>Milan Mo</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>74.16.54</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral. Neuri</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Senile changes</u>				
		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>16 Jul, 1954</u> , to <u>23 Jul, 1954</u> , that I last saw the deceased alive on <u>23 Jul, 1954</u> and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. W. Dignard</u>		23b. ADDRESS <u>Milan</u>		23c. DATE SIGNED <u>7-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		24e. REGISTRAR'S SIGNATURE <u>32050 Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenies</u>	
DATE REC'D BY LOCAL REG. <u>7-29-54</u>		REGISTRAR'S SIGNATURE <u>32050 Mrs. H. B. Harris</u>		ADDRESS <u>Milan Mo</u>	

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

050

**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 Daughn Schoene

Licensed Embalmer No. 2667

P. O. Address Windsor - 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 this body is not embalmed, fact should be so stated above.