

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

31239

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City 3</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City 0264</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Still Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1700 E. Miller St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Ray Elzer Shikles</u> First Middle Last			4. DATE OF DEATH <u>September 15, 1957</u> Month Day Year		
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>March 29, 1886</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>16</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and state or country) <u>Enon, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Shikles</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Russell Slaton</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Shikles</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>No</u>	
17. INFORMANT <u>Mrs. Ethel Shikles</u>		Address <u>Jefferson City, 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>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>	
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.) <u> </u>	
20c. TIME OF INJURY <u>7:30 p.m.</u> Hour Month, Day, Year <u>9/15/1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tell on a walk in front of P.O.</u>	
20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>		COUNTY <u>Cole</u>		STATE <u>Mo.</u>	
21. I attended the deceased from Death occurred at <u>7:30 p.</u>		and last saw her alive on <u> </u>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Arthur Salt</u> (Degree or title) <u>Cole County Coroner</u>		22b. ADDRESS <u>630 Adams St. Jefferson City, Mo.</u>		22c. DATE SIGNED <u>9/18/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 18, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ulman Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ulman, Mo.</u>		23e. (State) <u> </u>		24. FUNERAL DIRECTOR <u>Vieta Buescher</u> ADDRESS <u> </u>	
25. DATE RECD. BY LOCAL REG. <u>18 September 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD - M.R.</u> (Licensed Embelmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 23 1957

SEP 20 1952

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 Signature of Student Embalmer

Signed *Victor Buesche*

Licensed Embalmer No. *370*

P. O. Address *J.C. Me*

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.