t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43261
STATE FILE NUMBER

FILED DEC 4 - 1957

Registration District No. 956 Primary Registration District No. 4521 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HOUSTON — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 24 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: TEXAS
c. CITY OR TOWN: HOUSTON — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: WESLEY Middle: Last: STULTZ

4. DATE OF DEATH Month: NOV. Day: 26 Year: 1957

5. SEX: M.

6. COLOR OR RACE: W.

MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: APR. 26 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): TEXAS CO. MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN E. STULTZ

13b. MOTHER'S MAIDEN NAME: SYTHIA WHITTAKER

14. NAME OF HUSBAND OR WIFE: NORA STULTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MARY GETTYS Address: HOUSTON, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 10/12/57, to 11/26/57 and last saw ~~her~~ him alive on 10/12/57
Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John N. Tom (Degree or title) M.D.

22b. ADDRESS Houston, Mo.

22c. DATE SIGNED 11/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV. 30 1957

23c. NAME OF CEMETERY OR CREMATORY: Green Lawn.

23d. LOCATION (City, town, or county): SPRINGFIELD (State): MO

24. FUNERAL DIRECTOR: ELLIOTT FUNERAL HOME ADDRESS: HOUSTON MO

25. DATE RECD. BY LOCAL REG.: 11-30-57

26. REGISTRAR'S SIGNATURE: Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

27
0

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 ..... Signed Frank E. Ward
Signature of Student Embalmer

Licensed Embalmer No. 4026
P. O. Address Houlton, M

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.