

Dr. Sultzman

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014139

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 124

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-57

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>107 Earl</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Emery</b> Middle <b>James</b> Last <b>Shields</b>			4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1907</b>	9. AGE (In years last birthday) <b>51</b> 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) <b>Baker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lincoln County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Mahlon D. Shields</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa E. Rybolt</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Stanbridge Shields</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Frances Shields, 107 Earl St.,</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>subendothelial necrosis, coronary sclerosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>myocardial anoxia</b> DUE TO (c) <b>atheromatous aorta</b>				INTERVAL BETWEEN ONSET AND DEATH <b>acute.</b>  <b>6 days</b>	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 COUNTY STATE	
21. I attended the deceased from <b>4-9-59</b> to <b>4-13-59</b> and last saw her/him alive on <b>4-13-59</b> Death occurred at <b>1:00 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>F. E. Sultzman M.D.</b>			22b. ADDRESS <b>115 N. 5th St. Hannibal, Mo.</b>		22c. DATE SIGNED <b>4-21-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/15/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>
24. FUNERAL DIRECTOR <b>H.M. O'Donnell, Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-24-1959</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Suckey by C. Fisher</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. All diseases in Part I must be causally related.

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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 *A. W. O'Donnell* .....

Licensed Embalmer No. 3889 .....

P. O. Address... Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.