URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-041435

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 6050 Registrar's No. 16

ENDED

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portage Des Sioux — Length of stay in 1b 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mississippi River — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8515 Partridge — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle V Last Shults

4. DATE OF DEATH Month Nov. Day 16 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH April 25 1901

9. AGE (last birthday) 58

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem.

11. BIRTHPLACE (City and state or country) Walnut Ridge Ark

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Shults

13b. MOTHER'S MAIDEN NAME Almeda Carter

14. NAME OF HUSBAND OR WIFE Alvina Shults

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO. 498-09-8400

17. INFORMANT Mrs James Shults Address St Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Accidental drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) HAD BEEN IN BOAT FISHING IN MISSISSIPPI RIVER

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Nov. 16 1959 BODY FOUND IN RIVER Nov. 18. 1959

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 ST. CHARLES STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester Plachmeyer, Def. Coroner

22b. ADDRESS St Charles. Mo

22c. DATE SIGNED 11-24-59

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

23b. DATE 11/19/59

23c. NAME OF CEMETERY OR CREMATORY Laurel Hill

23d. LOCATION (City, town, or county) (State) St Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Drehman-Harrell St Louis Mo.

25. DATE RECD. BY LOCAL REG. Nov. 28-1959

26. REGISTRAR'S SIGNATURE THWGrasser

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS DEC _2 1959

VS DEC _2 1959

DEC 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.