

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-048520**

**FILED VS JAN 3 1961**

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 233

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Vernon</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b> Length of stay in 1b <b>15Yrs.</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Vernon</b> c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>625 East Vernon St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Sarah</b> Middle <b>Ellen</b> Last <b>Stults</b>			<b>4. DATE OF DEATH</b> Month <b>December</b> Day <b>22</b> Year <b>1960</b>				
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>8-31-1875</b>	<b>9. AGE (last birthday)</b> <b>85</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>22</b> Hours <b></b> Min. <b></b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----		<b>11. BIRTHPLACE</b> (City and state or country) <b>Macoupin County Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>James Sharp</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Auburn</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wm. E. Stults</b> <i>Deceased</i>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> <b>625 E. Vernon St</b> <b>Mrs. Pearl Greer, Nevada, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular, Renal Disease</b> DUE TO (b) <b>Chronic Renal Disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>7/10/60</u> , to <u>12/22/60</u> and last saw her/him alive on <u>12/22/60</u> Death occurred at <u>9:00 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>			<b>22b. ADDRESS</b> <b>216 East Hunter, Nevada, Mo</b>		<b>22c. DATE SIGNED</b> <b>12/24/60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>23b. DATE</b> <b>12-24-1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Local Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Dodge City, Kansas</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Hays Funeral Service, Inc.</b> <b>Nevada, Missouri</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>Dec 30 - 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address 1112 1/2 St. N.

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