

FILED DEC 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36603

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>387</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>10yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		<u>0114</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10a S. Spanish St</u>				d. STREET ADDRESS (If rural, give location) <u>10a S. Spanish St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>			b. (Middle) _____			c. (Last) <u>shoults</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 18, 1885</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper, (ret)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (State or foreign country) <u>Magnolia, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Everette Shoults</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delmar Shoults</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio Sclerosis generally 10 years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 1, 19<del>50</del> 51</u> , to <u>Nov 25, 1951</u> , that I last saw the deceased alive on <u>Nov 20, 1951</u> , and that death occurred at <u>11:00a</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward O Campbell</u>			23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>Nov 26, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pocahontas Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FEDERAL DIRECTOR'S SIGNATURE <u>A. J. Lobay</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 3 - 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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 .....  
Student Embalmer

Signed *J. L. Loberg* .....

Licensed Embalmer No. *3810* .....

P. O. Address *Cape Girardeau* .....

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 this body is not embalmed, fact should be so stated above.