

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006468

STATE FILE NUMBER

Registration District No. <u>236</u>		Primary Registration District No. <u>4352</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Versailles</u>		c. CITY OR TOWN <u>Versailles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>507 Maple</u>		Length of stay in lb <u>8 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>507 Maple</u>	
3. NAME OF DECEASED (Type or print) First <u>Mathias</u> Middle <u>Pete</u> Last <u>Shull</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>14</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 26, 1876</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Crawford Co., Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		13a. FATHER'S NAME <u>Wm H. Shull</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Holzworth</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm M. Garner</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs Wm Shull Versailles, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>Known 3 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>331X</u>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Feb. 14 1959</u> to <u>Feb 14 1959</u> and last saw him alive on <u>Feb 14 1959</u> Death occurred at <u>3</u> o'clock on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Jack Gunnard</u> (Deceased title)		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>2.15.59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>17 Feb. 59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>		23d. LOCATION (City, town, or county) <u>California, Mo.</u>			
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		ADDRESS <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/19/59</u>	
26. REGISTRAR'S SIGNATURE <u>J L Haskin</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 4 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 me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Raymond C. Barker.....

Licensed Embalmer No. 4626.....

P. O. Address Wesley, 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.