

FILED JAN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2081

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>MI</u> <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Linn</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Linn</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 2. Jamestown. Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #2. Jamestown. Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 2. Jamestown. Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Charles</u> c. (Last) <u>Schull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>July 26, 1933</u>		9. AGE (In years last birthday) <u>18</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		12. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		13. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
14. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		15. FATHER'S NAME <u>Victor Schull</u>		16. MOTHER'S MAIDEN NAME <u>George Hampton</u>	
17. NAME OF HUSBAND OR WIFE		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> (unknown) (If yes, give war or dates of service) <u>No</u>		19. SOCIAL SECURITY NO. <u>None</u>	
20. INFORMANT'S SIGNATURE OR NAME <u>Victor Schull</u>		21. ADDRESS <u>Jamestown, Mo</u>		22. MEDICAL CERTIFICATION	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral stenosis and insufficiency of the heart</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>acute rheumatic pharyngitis</u>			
		DUE TO (c) <u>yellow jaundice</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1.12, 1952, to 1.12, 1952, that I last saw the deceased alive on 1.12, 1952, and that death occurred at 11/18A, from the causes and on the date stated above.

23a. SIGNATURE <u>Francis Jawydar</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>1.14.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/15/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Jamestown. Mo Rt 2 Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Boulton</u>		ADDRESS <u>California</u>	

DATE REC'D BY LOCAL REG. Jan 15 1952 REGISTRAR'S SIGNATURE Gada M Snow 194-0 (Licensed Embalmer's Statement on Reverse Side)

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

680
1

2770

RECEIVED JAN 17 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 17 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Earl R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.