

Dr. Shull
FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33347

State File No. _____

Registrar's No. 231

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 206 Hart Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 Hart Street		d. STREET ADDRESS 206 Hart Street	

3. NAME OF DECEASED a. (First) Mary		b. (Middle) Eliza		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov-19-1856		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centertown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Asa Harper		13b. MOTHER'S MAIDEN NAME Sarah Chambers		14. NAME OF HUSBAND OR WIFE William Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Pulliam, Jefferson City,	
15. ADDRESS (If yes, give war or dates of service)		16. ADDRESS		17. ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteroselectic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis		25 yrs.	
		DUE TO (c) Senility		42 (10)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral arteriosclerosis - degenerative		5 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) m.		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 June, 1946, to Oct 18, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 6:18 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) I. Donald Shull, M.D.		23b. ADDRESS 229 E. High Jefferson City, Mo.		23c. DATE SIGNED 10-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct-20-1949		24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	
24d. LOCATION (City, town, or county) Centertown, Missouri		24e. LOCATION (City, town, or county) Centertown, Missouri		24f. LOCATION (City, town, or county) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Oct 19-1949		REGISTRAR'S SIGNATURE R.P. Darris, M.D.		EMERALD DIRECTOR'S SIGNATURE J. G. ...	

(Licensed Embalmer's Statement on Reverse Side)

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

~~District File Number~~
District Health Officer No. 9,
RECEIVED
OCT 24 1919

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 *Lester V. Senevly Jr.*

Licensed Embalmer No. *47121*

P. O. Address *Jefferson City 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 this body is not embalmed, fact should be so stated above.