

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28718

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 216
(c) City _____ (d) Street No. State Hospital #1 _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 9021 Lindbergh Overland _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR-OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T.M. Shuyler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 130URBOIV, M.DFATHER 13. NAME T. B. BURNETT14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANAMOTHER 15. MAIDEN NAME Rebecca Russell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA17. INFORMANT (ADDRESS) Hospital Records18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan DATE Aug 9, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Phos P. Shaffer
Sullivan20. FILED Aug 8, 1939 Q. N. Crews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 7, 193922. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to AUG. 7, 1939I last saw her alive on AUG 7, 1939. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 2 days

Other contributory causes of importance:

Arteriosclerotic Heart Disease in inf
Generalized Arteriosclerosis inf

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. R. Bunch, M. D.Local Registrar State Hosp No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Phos. R. Shopper

Licensed Embalmer No. *2692*

P. O. Address *Sullivan, 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, above space should be left blank.