

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5545

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Maxion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maxion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1915 Market St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>LIEB</u> c. (Last) <u>SHULSK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 28, 1867</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Watchman</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>F. Coleman Shulsk</u>		13b. MOTHER'S MAIDEN NAME <u>A. Maria Brown</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Shulsk 1915 Market Hannibal Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>20'</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>Hannibal, Maxion, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 \_\_\_\_\_, 1920, to Feb 7, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. C. Hopkins, D.O.</u>		23b. ADDRESS <u>203 E. 6th Hannibal Mo.</u>		23c. DATE SIGNED <u>2-7-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Maxion Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2/15/49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Hannibal Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

George H. Mason Jr. Student Embalmer No. 298  
working under my personal supervision.

Signed Michael J. O'Connell

Signed .....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.