

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11126

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		d. STREET ADDRESS (If rural, give location) <u>473 S. Grant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>473 S. Grant 1</u>				d. STREET ADDRESS (If rural, give location) <u>473 S. Grant</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOWELL</u> b. (Middle) <u>PARIS</u> c. (Last) <u>SHULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 28 - 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>Apr. 29 - 1898</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>10. Benton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thos. E. Shull</u>			13b. MOTHER'S MAIDEN NAME <u>Effie M. Cunningham</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Anglin Shull</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. <u>490-16-8871</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Anglin Shull Marshall Mo</u>			
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) <u>Carcinoma Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>unknown</u> Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15/11</u>					
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 1</u> , 19 <u>49</u> to <u>Feb 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>49</u> , and that death occurred at <u>6:40</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marshall M D</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>3/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 1-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry E Hershberger Marshall Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-1-49

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 Harry E Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.