

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30045

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 811

1. PLACE OF DEATH

a. COUNTY GREENEb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELDc. LENGTH OF STAY (in this place) 5 daysd. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Stonec. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galenad. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Paul(NMT)Shullenbarger4. DATE OF DEATH (Month) (Day) (Year)
Sept. 12 1950

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 1, 1905

9. AGE (In years last birthday)

45

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)

Retired Navy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Marionville Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Oliver M. Shullenbarger

13b. MOTHER'S MAIDEN NAME

Mary Ann Russell

14. NAME OF HUSBAND OR WIFE

Margaret Shullenbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YesWW II

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

VA Hospital Records, Springfield, Mo.

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)

ANTECEDENT CAUSES

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.

MEDICAL CERTIFICATION

Carcinomatosis, generalized, intra-abdominal, primary of colon

INTERVAL BETWEEN ONSET AND DEATH

153X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9/7/50, 1950, to Sept 12, 1950, and that death occurred at 4:00 a.m., from the causes and on the date stated above.23a. SIGNATURE A. J. BONDURANT, MD Acting Chief, (Degree or title) Professional Services23b. ADDRESS VA Hospital Springfield, Missouri 23c. DATE SIGNED 9/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Sept 15, 1950

24c. NAME OF CEMETERY OR CREMATORY

National Cemetery

24d. LOCATION (City, town, or county) (State)

Springfield, Missouri

DATE REC'D BY LOCAL REG.

9-14-50

REGISTRAR'S SIGNATURE

W.E. Handley, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Alma Schmegeyer, F.H., Springfield, Mo.

NOV-16 1950

JAN 25 1951

MAR 22 1951

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield

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.