

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30768

State File No. \_\_\_\_\_  
Registrar's No. 80

FILED OCT 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Linn</u>		d. STREET ADDRESS (If rural, give location) <u>216 S. Monroe St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>THERESA</u> c. (Last) <u>SHULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 25 - 1951</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Aug - 14 - 1891</u>	9. AGE (In years last birthday) <u>60</u>	# UNDER 1 YEAR <u>1</u> Months	# UNDER 1 HR. <u>11</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bucklin Mo - 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph B. Riley</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Shandler</u>	14. NAME OF HUSBAND OR WIFE <u>Richard S. Shull</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>491-28-4381</u>	17. INFORMANT'S SIGNATURE OR NAME (Print name and address) <u>Madene Savage Lawrence</u> <u>901 1/2 9th St</u>
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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) <u>Drowned</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <u>7-9-4</u>		
	DUE TO (c) <u>142</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>OS's</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Linn</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Brookfield Linn Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 25-51 2P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 to 19, to Dr. Carmichael, and that death occurred at Brookfield, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dale Bunch Carmichael</u>	23b. ADDRESS <u>Marceline Mo</u>	23c. DATE SIGNED <u>Sept 27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept - 28 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-28-51</u>	REGISTRAR'S SIGNATURE <u>Walter C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
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Date Received: OCT 1 1951  
DISTRICT HEALTH OFFICE OCT 2 1951  
District File Number 10-51-1729  
Date Filed: OCT 2 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.....

*J. B. Blacklock*

Signed.....

Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.