V.S. No. 300
Rev. 10.48

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36525

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 490

0120
1

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neelyville, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville 0120
d. STREET ADDRESS (If rural, give location): none 0

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): VINTSON
c. (Last): SCHULL

4. DATE OF DEATH (Month) (Day) (Year): Nov 14 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: April 7, 1874
9. AGE (In years last birthday): 77 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Illinois /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Sigh Schull
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Susie Elizabeth Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Edna Simpson Neelyville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infirmities of old age

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 10-13, 1951, *that I last saw the deceased alive on* 10-13, 1951, *and that death occurred at* 1:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. W. McPheters, Jr. M.D. (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 16/51
24c. NAME OF CEMETERY OR CREMATORY: Williams
24d. LOCATION (City, town, or county) (State): Clay County, Ark.

DATE REC'D BY LOCAL REG.: Nov. 19. 1951
REGISTRAR'S SIGNATURE: Wm. H. Johnson 4 28
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Richard O. Eumer Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 27 1951
BUTLER CO. HEALTH CENTER
FILE No. 1151-521

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 ME, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Richard O. Emmert

Licensed Embalmer No. 782

P. O. Address CORNING, PA

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.