

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1952

State File No. 0098

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 0098

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1814 Carnes</u>		d. STREET ADDRESS (If rural, give location) <u>1814 Carnes</u>	
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Shuler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 12, 1863</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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 <u>Household</u>	11. BIRTHPLACE (State or foreign country) <u>Spickard, Missouri</u> <u>C</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Bosley</u>	
13b. MOTHER'S MAIDEN NAME <u>Melinda Jane Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>T. J. Shuler (deceased)</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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ola Stinnett, Trenton, Missouri</u>		ADDRESS <u>Trenton, Missouri</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>Obstruction of Bowel</u> <u>Carcinoma of Hepatic flexure of Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>about 1 year</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Jan 14th, 1952</u> to <u>Jan 21st, 1952</u> , that I last saw the deceased alive on <u>Jan 20th, 1952</u> , and that death occurred at <u>3:00 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver F. Dwyer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Missouri</u>	
23c. DATE SIGNED <u>Jan 21 - 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson - Oyler Funeral Home</u> ADDRESS <u>1314 Cedar, Trenton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-22-52</u>		REGISTRAR'S SIGNATURE <u>Lene Jan</u> <u>115</u>	

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

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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 Maurice Oyer

Licensed Embalmer No. 4442

P. O. Address Trenton, 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.