

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

LEU APR 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>V157</u>	
1. PLACE OF DEATH a. COUNTY <del>Webb City</del> <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (In this place) <b>5 WKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural</b> <u>490</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route 1, Diamond, Mo</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LUCILLE</b>		b. (Middle) <b>BERYLE</b>		c. (Last) <b>SHULL</b>	
				4. DATE OF DEATH <b>April 13, 1952</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct 25, 1913</b>	
				9. AGE (In years last birthday) <b>38</b>		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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Newton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Loren Fennimore</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Jeans</b>		14. NAME OF HUSBAND OR WIFE <b>Herschell L. Shull</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.L. Shull, Rte 1, Diamond, Mo</b>			
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>Septicemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intentional abstinence</u> DUE TO (c) <u>Valvular Intention</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 weeks</b>	
19a. DATE OF OPERATION <b>4-10-52</b>		19b. MAJOR FINDINGS OF OPERATION <u>Intentional abstinence, Emergency Bowel, Abscess</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>5703</b>			
22. I hereby certify that I attended the deceased from <u>3-12-1954</u> to <u>4-13-1954</u> that I last saw the deceased alive on <u>4-13-1954</u> and that death occurred at <u>9:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <b>4-14-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>April 16:52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fullerton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>	
DATE REC'D BY LOCAL REG. <b>April 16-52</b>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Mo</b>			

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

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RECEIVED 4-21-52  
Jasper County Health Office

County File Number 52/4/318

Date Filed 4-21-52

MAY 7 1952

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.