

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24846

State File No. _____
Registrar's No. 136

FILED JUL 24 1952

157

3028

| | | | | | | | | | |
|--|--|---|--------------------------------------|---|-------------|---|-----------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage Rt. #4, Jackson Twn | | East 0490 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune-Brooks Hosp. | | | | d. STREET ADDRESS (If rural, give location) Rt. #4 Jackson Twn | | | | | |
| 3. NAME OF DECEASED (Type or Print) Elsie Fern Shull | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH July 18, 1952 | | Month | | Day | | Year | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 11-28-1903 | | | |
| 9. AGE (In years last birthday) 48 | | IF UNDER 1 YEAR Months | | IF UNDER 2 HRS. Hours | | IF UNDER 15 MIN. Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (State or foreign country) Route #4 Carthage Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Allen Patrick | | | 13b. MOTHER'S MAIDEN NAME Ada Hodges | | | 14. NAME OF HUSBAND OR WIFE Sherman L Shull | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sherman Shull Carthage Missouri | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adynamic ileus, acute</u> ANTECEDENT CAUSES <u>Peptic ulcer over 1 year</u> Morbidity 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 <u>5 1/2 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>5400</u> | | | | 20. AUTOPSY? YES <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>July 15, 1952</u> , to <u>July 18, 1952</u> , that I last saw the deceased alive on <u>July 18, 1952</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>Carthage Mo.</u> | | 23c. DATE SIGNED <u>July 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-20-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Stoney Point Cemetery | | 24d. LOCATION (City, town, or county) (State) Carthage Missouri | | | |
| DATE REC'D BY LOCAL REG. 7-18-52 | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage Mo. | | | | | |

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

RECEIVED 7-23-52
Jasper County Health Office

County File Number 5277/503

Date Filed 7-23-52

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 _____

Robert E. Mullman

Student Embalmer No. 762

working under my personal supervision.

Student Robert E. Mullman
Student Embalmer

Signed William B. Cartrell

Licensed Embalmer No. 9820

P. O. Address Carters, 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.