

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6997

State File No. _____

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4384 Registrar's No. 36

0740

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Skidmore</u>	c. LENGTH OF STAY (In this place) <u>80 yrs</u>	c. CITY (If outside corporate limits, write BURAL and give township) <u>Skidmore</u> <u>0743</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Shull</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-1953</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>8-7-1858</u>	9. AGE (In years last birthday) <u>94</u>	10. UNDER 1 YEAR Months _____ Days _____	10. OVER 1 YEAR Hours _____ Min. _____
----------------------	-------------------------------	---	----------------------------------	---	--	--

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>Home making</u>	11. BIRTHPLACE (State or foreign country) <u>Graham - Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MARDEN NAME <u>Margaret Ramsey</u>	14. NAME OF HUSBAND, OR WIFE <u>Noah Shull - 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Slauson - Maryville - Mo</u>	ADDRESS _____
--	-------------------------------------	--	---------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>12 yrs</u> <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Renal disease</u> DUE TO (c) <u>442X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tubercula</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (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 July 1946 to Feb 5, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. New</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Maitland, Mo</u>	23c. DATE SIGNED <u>2/7/53</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-8-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M.O.F.P.</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland Mo</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-14-53</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hutchinson</u> ADDRESS <u>Maryville Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

G. M. Atchison

Licensed Embalmer No. *2279*

P. O. Address *Marquette 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.