

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

**20871**

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

**FILED JUL 2 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 265

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission).	
a. COUNTY <u>Butler</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Butler</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Ash Hill Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ash Hill Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1 QuLin, Mo.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Jesse Milton</u>	b. (Middle) <u>Shull</u>	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 15 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u>	<b>8. DATE OF BIRTH</b> <u>22 Sept 1888</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 WKS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farming</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Poplar Bluff, Mo. m</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>J H Shull</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Gennie Smith</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None (never married)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Annie Mast</u>	<b>ADDRESS</b> <u>Poplar Bluff, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Surgical shock</u>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis + hypertension</u> DUE TO (c) <u>Fracture rt femur</u>		<u>15 Min</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<u>48 hrs</u>

<b>19a. DATE OF OPERATION</b> <u>6-15-53</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Fracture rt. femur</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT</b> (Specify) <u>fall</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	<b>21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Ash Hill, 012 Butler, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>June 13-53</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Fell over obstacle</u>
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**22. I hereby certify that I attended the deceased from** 6-13, 1953, to 6-15, 1953, that I last saw the deceased alive on 6-15, 1953, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>W. W. Honda, M.D.</u>	<b>23b. ADDRESS</b> <u>Poplar Bluff, Mo</u>	<b>23c. DATE SIGNED</b> <u>6-20-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>19 June 53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>QuLin Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>QuLin, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>6/27/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Frank Cotrell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Frank Cotrell</u>	<b>ADDRESS</b> <u>Poplar Bluff, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

6/29/53.

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Wallace B Knight

Licensed Embalmer No. 4514

P. O. Address 4120me  
Posler bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.