S. No. 300
v. 10.48

0540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22067

State File No.

FILED JUN 18 1953 BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa
c. LENGTH OF STAY (In this place): 49 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa 0540 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle): Ann
c. (Last): Shaull

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1953

5. SEX: Fe 1

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: July 16, 1881

9. AGE (In years last birthday): 71
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): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Joseph L. Shaull

13b. MOTHER'S MAIDEN NAME: Emma Webb

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Gladys Demoss
ADDRESS: Odessa, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular insufficiency and myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary fibrillation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: No surgery

19b. MAJOR FINDINGS OF OPERATION: 4214

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

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~~ ☐ ~~NOT WHILE AT WORK~~ ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1953, *to* June 9, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 4:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Martin M.D. (Degree or title)

23b. ADDRESS: Odessa Mo

23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Odessa Cemetry

24d. LOCATION (City, town, or county) (State): Odessa, Mo.

DATE REC'D BY LOCAL REG.: 6-10-53

REGISTRAR'S SIGNATURE: Emma Davidson

25. FUNERAL DIRECTOR'S SIGNATURE: Husman-Sparks
ADDRESS: Odessa, Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. H439

P. O. Address.....

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.