

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7824

State File No.

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OREGON	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 0440 / 1	
3. NAME OF DECEASED a. (First) MARVIN b. (Middle) JAMES c. (Last) SHULL		4. DATE OF DEATH (Month) (Day) (Year) MARCH 11 1954	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 7, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Equipment	11. BIRTHPLACE (State or foreign country) Holt Co. Missouri
13a. FATHER'S NAME Edward Shull		13b. MOTHER'S MAIDEN NAME Mary Fancher	14. NAME OF HUSBAND OR WIFE Ruth Shull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-09-4198	17. INFORMANT'S SIGNATURE OR NAME Ruth Shull Oregon, 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) Acute Coronary Insufficiency INTERVAL BETWEEN ONSET AND DEATH 2 hours ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis 2 years DUE TO (c) General Atherosclerosis Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None		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? None	
22. I hereby certify that I attended the deceased from 3-11, 1954 , to 3-11, 1954 , that I last saw the deceased alive on 3-11, 1954 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Allen Spierman M.D.		23b. ADDRESS 706 Francis St. City	
23c. DATE SIGNED 3-12-54		24a. LOCATION (City, town, or county) (State) Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 14, 1954	
24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Oregon Missouri	
DATE REC'D BY LOCAL REG. Mar 16, 1954		REGISTRAR'S SIGNATURE Rather M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew		ADDRESS Oregon Mo.	

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

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 James H. Pittsman

Licensed Embalmer No. 3192

P. O. Address Oregon 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.