

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23183

FILED AUG 9 - 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Lorraine</u>		c. CITY OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (In this place) <u>10 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>087 1/2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>CHALMER</u>	c. (Last) <u>SHUTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 3 - 55</u>
--	-------------------------	----------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 7 1905</u>	9. AGE (In years last birthday) <u>49</u>	10. IF UNDER 1 YEAR Month <u>10</u> Days <u>13</u>	11. IF UNDER 24 HRS. Hours <u>13</u> Min.
--------------------	-------------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beauty Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>JAMES SHUTT</u>	13b. MOTHER'S MAIDEN NAME <u>Lucretia Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Shutt</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-38-4175</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HELEN SHUTT</u> ADDRESS <u>BOWLING GREEN MO.</u>
--	--	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>  <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute exacerbation</u> <u>Chronic active Nephritis</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from 7-20, 1955 to 8-3, 1955 that I last saw the deceased alive on 8-3, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas H Jeweller M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>8-6-55</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>Aug. 6, 1955</u>	24c. NAME OF GENEPIST OR CREMATORY <u>Vashalla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8/6/55</u>	REGISTRAR'S SIGNATURE <u>Dermes Collier</u>	374	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. B. ...</u> ADDRESS <u>Bowling Green</u>
--	---	-----	---

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1954

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.....  
Signature of Student Embalmer

Signed..... *Harold Kincaid*

Licensed Embalmer No. *45*

P. O. Address *Bonning*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.