No. 300
10.48

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

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29161

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4070 Registrar's No. 38

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Camden
c. CITY OR TOWN: Stoutland
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle):
c. (Last): McShane

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28 1955

5. SEX: Fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 3, 1892
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 9, Days 25; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Camden Co, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew Hillhouse
13b. MOTHER'S MAIDEN NAME: Shaha
14. NAME OF HUSBAND/OR WIFE: Robert

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Ceal Hames — ADDRESS: Stoutland

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 Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

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

DUE TO (b) Unknown

DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 5871

19a. DATE OF OPERATION: Last Mo.
19b. MAJOR FINDINGS OF OPERATION: Chronic Pancreatitis
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): Stoutland Camden Mo
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* April, 1955, *to* Sept, 1955, *that I last saw the deceased alive on* Sept 26, 1955, *and that death occurred at* 3 a m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Carlton M.D.
23b. ADDRESS: Stoutland
23c. DATE SIGNED: 10-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 1, 1955
24c. NAME OF CEMETERY OR CREMATORY: Stoutland Cemetery
24d. LOCATION (City, town, or county) (State): Stoutland Mo.

DATE REC'D BY LOCAL REG.: Oct. 5th 1955
REGISTRAR'S SIGNATURE: Zilpha Drew 42-0
25. FUNERAL DIRECTOR'S SIGNATURE: John Simpson — ADDRESS: Stoutland

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Wair

Licensed Embalmer No. 465

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.