

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30185

State File No.

FILED OCT 3-1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 288

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> | | c. CITY OR TOWN <u>MONROE CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>12 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>408 S. Main St. 06901</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CECELIA</u> | b. (Middle) <u>Victoria</u> | c. (Last) <u>SHUCK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 22 1955</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 30 1861</u> | 9. AGE (In years last birthday) <u>93</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rolls County Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Milton Chisnam</u> | 13b. MOTHER'S MAIDEN-NAME <u>Ellen E Little</u> | 13. NAME OF HUSBAND OR WIFE <u>James R. Shuck</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Shuck</u> | ADDRESS <u>Monroe City, Mo</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> | | <u>3 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Left Hip</u> | | <u>10 days</u> |
| DUE TO (c) <u>19020</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis Arteriosclerosis ?</u> | | | |

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| 19a. DATE OF OPERATION <u>No</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monroe City Monroe Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 22 1955 7:55 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell out of chair at Home</u> |
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22. I hereby certify that I attended the deceased from Sept 11 1955, to Sept 22 1955, that I last saw the deceased alive on Sept 22 1955 and that death occurred at 7:55 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. J. Murphy M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Hannibal Mo</u> | 23c. DATE SIGNED <u>9/23/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9-26-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>MONROE CITY Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>9/23/55</u> | REGISTRAR'S SIGNATURE <u>W. E. Murphy</u> | 189-11 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> | ADDRESS <u>Monroe City Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 30 1955
MARION CO. HEALTH DEPT
DATE FILED SEP 30 1955

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester L. Nelson.....

Licensed Embalmer No. 2014

P. O. Address Marion City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.