

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5920

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6001		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY RALLS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY RALLS			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Saline Township		c. LENGTH OF STAY (in this place) 68 yrs		c. CITY OR TOWN Rural Saline Township		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City, RFD #2				STREET ADDRESS (If rural, give location) Monroe City RFD #2			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) AUSTON		c. (Last) SHUCK		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2 1956	
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH JANUARY 29th 1888	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY H86-16-7396		11. BIRTHPLACE (City and State or Foreign Country) RALLS County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN F. SHUCK		13b. MOTHER'S MAIDEN NAME Frances CHISHAM		14. NAME OF HUSBAND OR WIFE Mrs. Nellie SHUCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 9020		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Shuck ADDRESS Monroe City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL Fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9020				INTERVAL BETWEEN ONSET AND DEATH About 10 min	
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) Saline Township (COUNTY) RALLS (STATE) Missouri		21d. HOW DID INJURY OCCUR? FALLING From House Top in cleaning flue	
21d. TIME OF INJURY (Month) (Day) (Year) 2-2-1956 (Hour) 10^{PM}		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred ABOUT 10:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clyde Wilkey Coroner				23b. ADDRESS WILSON & SONS, Monroe City, Mo.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-1956		24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY Cemetery		24d. LOCATION (City, town, or county) (State) Monroe City, Missouri	
DATE REC'D BY LOCAL REG. 2/7/56		REGISTRAR'S SIGNATURE Clyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS, Monroe City, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1958

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 Lucius L. Wilson

Licensed Embalmer No. 3019

P. O. Address Monroe 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.