

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026233
STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fredericktown 0621 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 High St. Length of stay in lb 70 yrs.		d. STREET ADDRESS (If outside, give location) 315 High St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Minnie Middle Jane Last Shull			4. DATE OF DEATH July 9, 1958 Month July Day 9 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months 0 Days 21 Hours 0 Min. 0 IF UNDER 24 HRS. Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Hamilton County, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Benjamin Smith		14. MOTHER'S MAIDEN NAME Nancy Jane Smith	
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. None	17. INFORMANT Address Mrs. Ruby Sikes, Fredericktown, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Cholelithiasis DUE TO (c) 584X			INTERVAL BETWEEN ONSET AND DEATH 2 mo's 1 1/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 7:00 a. m. 2:15 p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 1952 to July 9, 1958 and last saw her alive on July 8, 1958 Death occurred at 7:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. W. DeLeyne D.O.		22b. ADDRESS Fredericktown Mo	22c. DATE SIGNED 7/10/58
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 7/11/58	23c. NAME OF CEMETERY OR CREMATORY Mine La Motte Cemetery	23d. LOCATION (City, town, or county) (State) Madison County, Mo.
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 7-10-1958	26. REGISTRAR'S SIGNATURE Ruby Sikes

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 21
 300
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUL 22 1958
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FILE No. 758-31

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..... *Charles McEnty*

Licensed Embalmer No. 48

P. O. Address Fredericktown

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