URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-035089

STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 210

AMENDED

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1400 Margretta St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1400 Margretta — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harold Middle Wayne Last Shuck

4. DATE OF DEATH Month October Day 20 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-24-57
9. AGE (last birthday) 2 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wayne Shuck
13b. MOTHER'S MAIDEN NAME Majorie Stone
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT Mr. Wayne Shuck Address Mexico, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Burns 1° and 2°. — 10 min.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) House burned.
20c. TIME OF INJURY 8:30 Hour a.m. ~~p.m.~~ Month, Day, Year 10-20-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION Mexico COUNTY Audrain STATE Mo

21. I attended the deceased from never, to never and last saw her/him alive on never
Death occurred at 8:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William H Jaeger Corona
22b. ADDRESS 112 N Clark Mexico
22c. DATE SIGNED 10-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-21-59
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Oct 20 1959
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leo G. Whitake

Signature of Student Embalmer

Licensed Embalmer No. 4780

P. O. Address Mellerg N

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