

FILED VS JUN 29 1960

Registration District No. 316 Primary Registration District No. — Registrar's No. 250

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RT 2 FARMINGTON Ida.</u>		c. CITY OR TOWN <u>POPLAR BLUFF</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral area</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>1da.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>F</u> Last <u>SHULL</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>18</u> Year <u>1960.</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 21 1897</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BLACK, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JOHN WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET FILLIMORE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN SHULL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Ms. Shull St. Louis Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>approx 24 hrs</u> <u>1-2 days</u> <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>TOXEMIA</u>			
DUE TO (c) <u>RENAL FAILURE</u>			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>6-17-60</u> to <u>6-18-60</u> and last saw her/him alive on <u>6-18-60</u> . Death occurred at <u>8:20 AM 6-18-60</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Ralph D Cooper MD</u>		22b. ADDRESS <u>Farmington Missouri</u>		22c. DATE SIGNED <u>6-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 29 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Quincy Cem Quincy Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Quincy MO.</u>

24. FUNERAL DIRECTOR <u>Raymond Callahan and Sons</u>	25. DATE RECD. BY LOCAL REG. <u>June 21 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Kudloff</u>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

[JUL 15 1961

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat River

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