MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014683
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 134

FILED MAY 1 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hughesville — Length of stay in 1b: 17 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 2 — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: BERT Middle: DOUGLAS Last: SHULL

4. DATE OF DEATH: Month: April Day: 27 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/24/1881
9. AGE (last birthday): 81 — 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): Farmer, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Fristoe, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Washington Shull
13b. MOTHER'S MAIDEN NAME: Lydia Ann Doss
14. NAME OF HUSBAND OR WIFE: Mary Leona Wills, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Clyde Shull, Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage.	4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension.	16 years
DUE TO (c)	Arteriosclerosis.	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Always a healthy hard working man. Farmer.

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 ☐ No SUICIDE ☐ No HOMICIDE ☐ No
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: None
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.)
20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from 3-31-61, to 4-27-61 and last saw her/him alive on 4-25-61
Death occurred at 7:45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. A. Marty, M. D.
22b. ADDRESS: 602 West 16th St., Sedalia, Missouri.
22c. DATE SIGNED: 4-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/29/61
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: Duane Ewing — ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 4-28-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby.

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

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.