

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030366

STATE FILE NUMBER

AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

FILED AUG 31 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Ralls.</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center, Missouri.</u>		Length of stay in 1b <u>60 Yrs</u>		c. CITY OR TOWN <u>Center, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Center, Mo.</u>				d. STREET ADDRESS (If outside, give location) <u>Center, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>BESS</u> Middle _____ Last <u>SHULSE.</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>22</u> Year <u>1961</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>8-16-1887</u>		
9. AGE (last birthday) <u>74</u>		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) <u>Housewife.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom West</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Shulse.</u>			14. NAME OF HUSBAND OR WIFE <u>H.D.Shulse.</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. _____		17. INFORMANT <u>H.D.Shulse.</u> Address <u>Center, Missouri.</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>Nephrosis Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Liver & Kidneys</u> DUE TO (c) <u>Unknown</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>						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 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 _____ a.m. _____ p.m. 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>Jan 13 1959</u> to <u>Aug 22, 1961</u> and last saw her ^{her} _{him} alive on <u>Aug 22, 1961</u> Death occurred at <u>9:30</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>C. H. Brooke</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Center, Missouri.</u>		22c. DATE SIGNED <u>8-23-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-23-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>		
24. FUNERAL DIRECTOR <u>Clyde Luning Perry, Mo.</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>Aug 23, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Clyde Luning</u>			

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 Clyde Wisney

Licensed Embalmer No. 3820

P. O. Address Perry, 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.