

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 30 1967

-62-015908

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5677 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10570

20570

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1290-2

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Length of stay in lb LIFE	c. CITY OR TOWN SILEX
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MI. S.E. OF WHITESIDE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D # 2
3. NAME OF DECEASED (Type or print) First Middle Last WEBSTER A. SHUCK		4. DATE OF DEATH Month Day Year APRIL 17, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-21-1872
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, or in last 10 years if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
11. BIRTHPLACE (City and state or country) LINCOLN CO, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM A. SHUCK		13b. MOTHER'S MAIDEN NAME MALISSIE BLACKORBY	
14. NAME OF HUSBAND OR WIFE HATTIE SHUCK		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 CLEMENT SHUCK, SILEX, 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) Cerebratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renirumia DUE TO (c) Sensility			INTERVAL BETWEEN ONSET AND DEATH minutes days years
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 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 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 1957 to 8:55 A and last saw him alive on 4-16-62 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert A. Drake DO		22b. ADDRESS Bowling Green	22c. DATE SIGNED 4-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-21-1962	23c. NAME OF CEMETERY OR CREMATORY MILLCREEK CEM. LINCOLN CO, MISSOURI
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS COLLIER FUNERAL SERVICE 6091SIANA, MO.	
25. DATE RECD. BY LOCAL REG. 4-27-62		26. REGISTRAR'S SIGNATURE Ray T. Jaseel Acting Local Reg. by P.S.	

USE BLACK INK OR TYPEWRITER RIBBON

(Permit not obtained)

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.