

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 186

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Mo. Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Mo. Twp. <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chariton County, Mo. Twp.		d. STREET ADDRESS (If rural, give location) Chariton County, Mo. Twp.	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Shull</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 27-1870</u>	9. AGE (In years last birthday) <u>80</u>	10 UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	11 UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Shull</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Shull</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Shull</u>	ADDRESS <u>Dalton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>E. nothing caught fire</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>89160</u> <u>0116</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) <u>farm house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo. Twp. Chariton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 25-1950-8³⁰</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Spur running in coal stove</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. D. Lambert, coroner of Chariton County - Keytesville Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>11-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/25/50</u>	REGISTRAR'S SIGNATURE <u>M. O'Connell</u>	56	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hyde & Garnett</u>	ADDRESS <u>Keytesville, Mo.</u>
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Date Received: DEC 6 1960
DISTRICT HEALTH OFFICE #2
District File Number 12-60-207
Date Filed: DEC 8 1960

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Salisbury K Tillotson*

Licensed Embalmer No. *4508*

P. O. Address *Salisbury M*

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 this body is not embalmed, fact should be so stated above.