

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1841

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 24

0648

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) New London	
c. LENGTH OF STAY (in this place) 1/19/51		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Goldmond b. (Middle) Lawrence c. (Last) Shuck			4. DATE OF DEATH (Month) (Day) (Year) January 19, 1951		
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>1</u>	8. DATE OF BIRTH July 6, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International		11. BIRTHPLACE (State or foreign country) Ralls County Missouri <u>0</u>	
13a. FATHER'S NAME Theoplis Shuck		13b. MOTHER'S MAIDEN NAME Victoria Chisham		14. NAME OF HUSBAND OR WIFE Dovie Ann Bloodgood Shuck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. G.L. Shuck	
				ADDRESS New London Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency				1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arrhythmia Fibrillation		1 week	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 12, 1951, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W.C. Fisher</i> (Degree or title) M. D. <u>0</u>		23b. ADDRESS 1001 Bdw; Hannibal, Mo.		23c. DATE SIGNED 1-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>11</u>		24b. DATE January 22, 1951		24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		24d. LOCATION (City, town, or county) (State) New London Missouri	
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DATE REC'D BY LOCAL REG. 1-23-51		REGISTRAR'S SIGNATURE <i>W.C. Fisher</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W.C. Fisher</i>		ADDRESS Hannibal Missouri	
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RECEIVED JAN 23 1951
HEALTH DEPT.
DATE FILED JAN 25 1951

MISSOURI
1951

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

John S. Ward

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.