

S. No. 360  
REV. 10-40

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31215

State File No. ....

FILED OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 11

0350

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u> <u>1350</u>	
		d. STREET ADDRESS (If rural, give location) <u>Rt 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>L.</u> c. (Last) <u>Shulson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 52</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>23 Aug 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>		

13a. FATHER'S NAME <u>Henry Shulson</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Ross</u>		14. NAME OF HUSBAND OR WIFE <u>John Wilson Shulson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Shulson</u> ADDRESS <u>Senath 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1952, to Sept 3, 1952, that I last saw the deceased alive on Aug - 4, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph B. Bencil</u> (Degree or title)	23b. ADDRESS <u>Senath Mo</u>	23c. DATE SIGNED <u>9-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. S. Green</u>	24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-2-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. L. Lamer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Eugene Lane</u> ADDRESS <u>Senath Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 10-9-52  
COUNTY FILE NUMBER 1052-277

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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 .....  
Student Embalmer

Signed Edwin L. Arner

Licensed Embalmer No. 4840

P. O. Address Senatobia

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.