No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41693

State File No.

FILED DEC 16 1952 REGISTRAR'S DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fortuna, R.R #1 0710
d. STREET ADDRESS (If rural, give location): Unk

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): —
c. (Last): SHROUT

4. DATE OF DEATH: Dec 12 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1884
9. AGE (In years last birthday): 68 — If under 1 year: Months 1, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Talbert Peoples
13b. MOTHER'S MAIDEN NAME: Rachel Beeman
14. NAME OF HUSBAND ~~OR WIFE~~: W.B. SHROUT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: State Hospital Records — ADDRESS: Fulton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo Carditis with Hypertension — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Fracture of Rt Hip & R. Wrist - accidental 3 weeks before entering Hosp.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 071
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Nov, 1952, *to* 12 Dec, 1952, *that I last saw the deceased alive on* 12 Dec, 1952, *and that death occurred at* 6:- P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.C. Caldwell (G.I.W.) — (Degree or title): M.D
23b. ADDRESS: Fulton, Mo
23c. DATE SIGNED: 12 Dec 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-12-52
24c. NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem.
24d. LOCATION (City, town, or county) (State): Morgan County, Mo

DATE REC'D BY LOCAL REG.: Dec-12-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. H. Lidwell, Versailles, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gene H. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.