

STANDARD CERTIFICATE OF DEATH

State File No. **30957**

FILED OCT 6 - 1953

BIRTH NO. 58401 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 149

1. PLACE OF DEATH
 a. COUNTY Audrain
 b. CITY (If outside corporate limits, write RURAL and give township) Therico
 c. LENGTH OF STAY (in this place) township
 d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Audrain
 c. CITY (If outside corporate limits, write RURAL and give township) Centria
 d. STREET ADDRESS (If rural, give location) 0040 K.F.D. 3 1

3. NAME OF DECEASED
 a. (First) Bibby b. (Middle) Lee c. (Last) SHUCK
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
 8. DATE OF BIRTH Sept. 19, 1953 9. AGE (In years last birthday) 9 Months 18 Days 18 If under 1 year: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
 10b. KIND OF BUSINESS OR INDUSTRY child
 11. BIRTHPLACE (State or foreign country) Mexico, Mo
 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Robert Thomas Shuck 13b. MOTHER'S MAIDEN NAME Lula Maxine Kerpoot 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
 16. SOCIAL SECURITY NO. None
 17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Kerpoot ADDRESS Centria, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital anomaly
 ANTECEDENT CAUSES absence of anal canal
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Premature birth, both
 DUE TO (b) Premature birth, both
 DUE TO (c) Premature birth, both
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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

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) 776 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Sept 19, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 10: A m., from the causes and on the date stated above.

23a. SIGNATURE M. Kallenbach (Degree or title) MD 23b. ADDRESS Mexico, Mo 23c. DATE SIGNED Sept 21, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 20/1953 24c. NAME OF CEMETERY OR CREMATORY Centria Cemetery 24d. LOCATION (City, town, or county) (State) Centria, Missouri

DATE REC'D BY LOCAL REG. Sept 21-53 REGISTRAR'S SIGNATURE Blanche Neely 25. EMERALD DIRECTOR'S SIGNATURE Law. O. Bales ADDRESS Centria, 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 ^{Not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Paul J. Ballou

Signed.....
Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Buttrick, 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.