

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14844

State File No.

No. 300
10.48
0972

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (In this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 568 S. Salt Pond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) NANNIE	b. (Middle) ELIZABETH	c. (Last) SHULL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mch 28, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Fidler	13b. MOTHER'S MAIDEN NAME Eliza Grooms	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Murrel Shull	ADDRESS Marshall, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		
	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 443x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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) _____	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 11/30 ¹⁹⁵³ to Dec 24, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 4:15A m., from the causes and on the date stated above.

23a. SIGNATURE Murrel Shull	(Degree or title) M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 12/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-53	24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Gardens	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
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DATE REC'D BY LOCAL REG. 12-27-1953	REGISTRAR'S SIGNATURE Sidney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo.
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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 Joseph P. Mackler

Licensed Embalmer No. 4571

P. O. Address Marble, 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.