

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28186

State File No.

FILED SEP 13 1954

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - UNION TOWNSHIP</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D #1 - WHITESIDE, MO. 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINCOLN CO. MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>SHUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29, 1954</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 19, 1876</u>		9. AGE (In years last birthday) <u>77</u>		if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY, MO</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>CLEMENT L. DeGROODT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SIDWELL WEBSTER</u>			14. NAME OF HUSBAND OR WIFE <u>H. SHUCK</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.C. SCHUCK</u>		ADDRESS <u>WHITESIDE, MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>respiratory failure</u>							
		ANTECEDENT CAUSES							
		DUE TO (b) <u>pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>senility and debility</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>malignancy of undetermined source</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493xH</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Jan, 1954, to August 4 1954, that I last saw the deceased alive on AUG 29, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Barnhill D.D.</u>		23b. ADDRESS <u>2 Bowling Green</u>		23c. DATE SIGNED <u>9-7-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 31, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY (24d. LOCATION (City, town, or county) (State)) <u>MILL CREEK CEMETERY - LINCOLN CO, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>SEP 13 1954</u>		REGISTRAR'S SIGNATURE <u>Chad A. Bridger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier, Louisiana</u>		ADDRESS <u>Mo.</u>	
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(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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana 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.