

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15321**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Wagoner</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wagoner</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS (if rural, give location) <u>55 Rt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steel Works</u>			
3. NAME OF DECEASED (Type or Print) <u>St Pauline Shunkes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8/19-1918</u>
9. AGE (In years) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Keokuk, Ia</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lee Callaway</u>		13b. MOTHER'S, MAIDEN NAME <u>Willa Summs</u>	14. NAME OF HUSBAND OR WIFE <u>Toney Shunkes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>373-30568</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. Shunkes</u> ADDRESS <u>55 Rt, West Plains Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Gastric Ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Billvoth I</u> INTERVAL BETWEEN ONSET AND DEATH <u>7-24-55</u>	
19a. DATE OF OPERATION <u>3-24-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pyloric ulcer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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?	
22. I hereby certify that I attended the deceased from <u>3-20-55</u> 19 <u>55</u> <u>4-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>55</u> , and that death occurred at <u>7:20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>5-2-55</u>
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>4-25-55</u>	24c. NAME OF SEMETERY OR CREMATORY <u>Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
DATE REC'D BY LOCAL REG. <u>5-27-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>	

(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

H. S. Lambertson

Licensed Embalmer No. *3432*

P. O. Address *West Plains, 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.