

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20834

State File No.

FILED JUN 20 1956

BIRTH NO. 1795-56 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. San. & Hosp. D.O.A.</u>		e. STREET ADDRESS (If rural, give location) <u>711 S. Pope</u> <u>700⁵0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nadine</u>		b. (Middle) <u>Shull</u>	c. (Last) <u>Shull</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1956</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Jan. 30, 1956</u>
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>August Elmer Ray Shull</u>	
13b. MOTHER'S MAIDEN NAME <u>Verlene Rayburn</u>		14. NAME OF HUSBAND OR WIFE <u>None (Child)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Elmer Ray Shull</u> ADDRESS <u>711 S. Pope</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart functioning</u>	
		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) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9190</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2.2</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>6-14-56 5:42</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell into a tub of water</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Geo. C. Carson</u>		23b. ADDRESS <u>6627 Mark Ct S Ave</u>	23c. DATE SIGNED <u>6-14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/18/56</u>	24c. NAME OF SEMETERY OR CREMATORY <u>Maple Grove Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Indep. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-17-56</u>		REGISTRAR'S SIGNATURE <u>James Craig</u>	

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.....
Signature of Student Embalmer

Signed *J. H. Gibson*

Licensed Embalmer No. *487*

P. O. Address *Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.