

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26307**

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <b>65</b>		PRIMARY REG. DIST. NO. <b>5257</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Mo</b>				b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>Yellow Creek Twp</b>		c. LENGTH OF STAY (in the place) <b>25 yrs</b>		c. CITY OR TOWN <b>Yellow Creek Twp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)				<b>0210</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b>			b. (Middle) <b>ADAM</b>			c. (Last) <b>SHULL</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug-21-1956</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>		8. DATE OF BIRTH <b>Sept-8-1883</b>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>72 11 13</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Memdon Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Wm B. Shull</b>			13b. MOTHER'S MAIDEN NAME <b>Mary B. Littrell</b>			13c. NAME OF HUSBAND OR WIFE <b>Martha E. Shull</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Carroll Shull</b>		ADDRESS <b>Memdon Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Causes</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Profound Heart Attack?</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Found dead at Country Home</b>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4343</b>						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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>N.L. Smith</b> (Degree or title)				23b. ADDRESS <b>Brookfield Mo.</b>				23c. DATE SIGNED <b>Aug 21 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-23-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McBullough Ben Triplett</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-22-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Lane</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Blacklock</b>		ADDRESS <b>Brookfield Mo</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

56-0

(Licensed Embalmer's Statement on Reverse Side)

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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. Blacklock*.....

Licensed Embalmer No. *2240*.....

P. O. Address *Brookfield Mass*.....

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.