

FILED AUG 19 1957 STANDARD CERTIFICATE OF DEATH

State File No. **28960**
Registrar's No. **339**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjudication). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1321 East 13th., St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 East 13th., St.		e. STREET ADDRESS (If rural, give location) 1321 East 13th., St.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) BENJAMIN	c. (Last) SHULL	4. DATE OF DEATH (Month) (Day) (Year) August 13, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16, 1887	9. AGE (In years birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Used Furniture	11. BIRTHPLACE (State or foreign country) Benton County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Shull	13b. MOTHER'S MAIDEN NAME Hettie Miller	14. NAME OF HUSBAND OR WIFE Irene Smith Shull
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. 491-07-6605A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene Shull, Sedalia, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchitis		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 526x	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 June, 1956, to 13 Aug, 1957, that I last saw the deceased alive on 13 Aug, 1957, and that death occurred at 2:00 p m., from the causes and on the date stated above.

23a. SIGNATURE Ronald C. Dwyer M.D. (Degree or title)	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 15 Aug 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/15/1957	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 8-15-57	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Outbeckert Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.

CITY OF SEDALIA, MISSOURI