

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2267

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 103

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> <u>2904c</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2704 Clinton Road</u>		Length of stay in 1b <u>2 months</u>	d. STREET ADDRESS (If outside, give location) <u>1617 South Montgomery</u>
3. NAME OF DECEASED (Type or print) First <u>LEMUEL</u> Middle <u>BLAIN</u> Last <u>SHULL</u>		4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 31, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo-Pac Shops</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>19</u> Days <u>19</u> IF UNDER 24 HRS.: Hours <u>19</u> Min. <u>19</u>
11a. BIRTHPLACE (City and state or country) <u>Benton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry W. Shull</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Hettie Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Letha Alta Fair</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>702-16-1639</u>		17. INFORMANT <u>Vernon R. Shull, 2500 West 11th Sedalia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic Cardio Vasculature Disease</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Unusual</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:45</u> Month, Day, Year <u>Jan 28 1958</u> a.m. <u>A</u> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>Jan 28 1958</u> to <u>Feb 1 1958</u> and last saw him alive on <u>Jan 31, 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title)		22b. ADDRESS <u>Smithton Mo</u>	
22c. DATE SIGNED <u>2/1/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2/3/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>		24. FUNERAL DIRECTOR <u>Duane Ewing</u> ADDRESS <u>Sedalia, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-1-58</u>		26. REGISTRAR'S SIGNATURE <u>Frances Skelby</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 13 1958

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 *P. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Seetalia*

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.