

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020846
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler 0070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hospital		Length of stay in 1b 2 da.	d. STREET ADDRESS (If outside, give location) R.F.D. 1
3. NAME OF DECEASED (Type or print) First Lloyd Middle Robert Last Shillinger			4. DATE OF DEATH Month June Day 23 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 - 22 - 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bates Co., Missouri
13a. FATHER'S NAME Earl Shillinger		13b. MOTHER'S MAIDEN NAME Clara Sutherland	14. NAME OF HUSBAND OR WIFE Single
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. 490 42 2382	17. INFORMANT Address Clara Shillinger Butler, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Self-inflicted wounds DUE TO (c) 977X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 20 min
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Four cuts both arms.		
20c. TIME OF INJURY Hour 6 AM Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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.) Hospital		20f. CITY, TOWN, OR LOCATION Butler Mo.	
21. I attended the deceased from 6/21/58 to 6/23/58 and last saw him alive on 6/23/58 Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas Donald M.D. (Degree of title)		22b. ADDRESS Butler, Mo.	22c. DATE SIGNED 6/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-25-1958	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler, Missouri
24. FUNERAL DIRECTOR Culver-Underwood ADDRESS Butler, Mo.		25. DATE RECD. BY LOCAL REG. June 24-58	26. REGISTRAR'S SIGNATURE Rendall Kury

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert J. Sturtevant*

Licensed Embalmer No. *4657*

P. O. Address. *Butte, 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.