

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002078  
STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 200 Primary Registration District No. Registrar's No. 19

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hudson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Evanston</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Still-Hildreth</b>		Length of stay in 1b <b>19yr 11mo 21das</b>	d. STREET ADDRESS (If outside, give location) <b>2326 Forest View Rd.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>William Paul Shook</b>			4. DATE OF DEATH Month Day Year <b>January 21, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED; WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 30, 1902</b>		9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Investments</b>	11. BIRTHPLACE (City and state or country) <b>Sarcoxie, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>L. F. Shook</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Rose Hoover</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Bertha Shook</b> Address <b>Jefferson City, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>General Purulent Peritonitis</b>	
	DUE TO (c) <b>Spontaneous Perforation of Acute Peptic Ulcer of Stomach</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Stenosis of Pylorus</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>January 31, 1939</b> to <b>Jan. 21, 1959</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Jan. 21, 1959</b> Death occurred at <b>7:09 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Nancy S. Still D.O.</b> (Degree or title)		22b. ADDRESS <b>Macon Mo.</b>	22c. DATE SIGNED <b>Jan. 21. 59</b>

23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
24. FUNERAL DIRECTOR <b>Campbell-Lewis</b>		ADDRESS <b>Marshall, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/28/59</b>	26. REGISTRAR'S SIGNATURE <b>Kate M. Acely</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... *Charles L. Huttoi* .....

Licensed Embalmer No. *45-77*  
P. O. Address ..... *Macow, 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.