V.S. No. 300
Rev. 10.48

FILED VS NOV 23 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-038790
State File No.

BIRTH NO. ____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If within corporate limits, write RURAL and give township): ~~7 Miles Sw. Shelbina, Mo.~~ KIRKSVILLE
c. LENGTH OF STAY (in this place): 19
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN: Rural Shelbina
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 7 Miles Sw. of Shelbina, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): John Reuell
b. (Middle): Stalcup
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 11-14-1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1902
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months: 0 Days: 5
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Shelbina, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sampson K. Stalcup
13b. MOTHER'S MAIDEN NAME: Mollie Foster
14. NAME OF HUSBAND OR WIFE: Edna Mabel Stalcup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Edna M. Stalcup
ADDRESS: Shelbina, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 17 days

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: 420 /
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-27, 1959, *to* 11-14-, 1959, *that I last saw the deceased alive on* 11-13, 1959, *and that death occurred at* 3:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Paul Valuck D.O.
23b. ADDRESS: Laughlin Hospital, Kirksville Mo
23c. DATE SIGNED: 11-14-59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-16-1959
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Shelbina, Mo.

DATE REC'D BY LOCAL REG.: 11-16-1959
REGISTRAR'S SIGNATURE: Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE: Barkelew & Davis
ADDRESS: Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5500

RICHARD PAUL VALUCK, P.O.

VS DEC 16 1959

MAY 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.