

Dr. Lemmon
FILED APR 15 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009601
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 362

300
1-57
0

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 15 Yrs.	d. STREET ADDRESS (If outside, give location) Mercy Hosp.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EUGENE Middle A. Last SHULL			4. DATE OF DEATH Month April Day 3 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21 1874	9. AGE (In years less birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Master Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Spencer Co. Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Shull		13b. MOTHER'S MAIDEN NAME Laura (Unknown)		14. NAME OF HUSBAND OR WIFE Maude Shull (Dec.)	
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. ?	17. INFORMANT Vincent McKenna Address Springfield, 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) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH Few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, lobar; diabetes mellitus					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 _____ 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 4201		COUNTY STATE
21. I attended the deceased from 7-27-48 to 4-3-58 and last saw ^{her} him alive on 4-3-58 Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. Lemmon J. M.D. (Degree or title)		22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 4-4-58	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE 4/7/58	23c. NAME OF CEMETERY OR CREMATORY Maple Park		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-7-58		26. REGISTRAR'S SIGNATURE Effie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 1958

APR 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

cut

Signed.....

H. M. O'Connell

Licensed Embalmer No. 2727

P. O. Address Springfield, Vt.

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.