

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 603

No. 300
10.48

0264

W. Shull

REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 20yrs		d. STREET ADDRESS (If rural, give location) 315 Washington Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 Washington Street		d. STREET ADDRESS 315 Washington Street	
3. NAME OF DECEASED a. (First) Laura b. (Middle) E. c. (Last) Cloud			4. DATE OF DEATH (Month) (Day) (Year) Jan-2- 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July-27-1871
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Nodaway County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Arron Wallace	
13b. MOTHER'S MAIDEN NAME Elizabeth Curnett		14. NAME OF HUSBAND OR WIFE James H. Cloud	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Viva Cloud		ADDRESS Jefferson City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnourishment	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE W. Donald Shull, M.D.		23b. ADDRESS 229 1/2 E. High Jefferson City, Mo	
23c. DATE SIGNED Jan 3 '50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1950 Jan 4 1950		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Jan 4-1950		REGISTRAR'S SIGNATURE A. P. Davis, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1950

RECEIVED JAN 9 1950
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.