. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17946

FILED MAY 16 1947

Registration District No. 198

Primary Registration District No. 5625

Registrar's No.

53
0
0

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural - Auglaize Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Laclede 53
(c) City or town Auglaize Twp Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK R SHELLENBARGER
3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Ethel Shellenbarger
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 31 (Day) 1894 (Year)

8. AGE: Years 52 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Galesburg (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business Farming
FATHER
12. Name Willie M Shellenbarger /
13. Birthplace (City, town, or county) Iowa / (State or foreign country)
MOTHER
14. Maiden name Nevada Belles
15. Birthplace (City, town, or county) Ill / (State or foreign country)
16. (a) Informant S.W. Shellenbarger
(b) Address Tulsa Okla
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 4 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Virgil [illegible]
(b) Address Stoutland Mo
19. (a) May 10, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature) 1E3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 2nd day 2nd year 1947 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 1st 1946 to May 2 1947 that I last saw him alive on May 1st 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 93P
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. E. Carlton (M. D. ~~or other~~)
Address Stoutland Date signed 5-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 5/14/47

Laclede County Health Unit

File No. 5-47-78

Date Filed 5/15/47

SEP 8 1947

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 _____ not, Registered Apprentice No. _____, working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.