

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15597

No. 300
10-48

FILED MAY 22 1951

BIRTH NO. 781 71970-5 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 133

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia 0105</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>203 Water St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 Water St.</u>			

3. NAME OF DECEASED (Type or Print) <u>EVELYN ETTA SHELEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 - 1951</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant 0</u>	8. DATE OF BIRTH <u>Nov. 20th 1950</u>	9. AGE (In years last birthday) <u>5</u> Months <u>21</u> Days	IF UNDER 1 YEAR Hours <u>21</u> Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Etta Sheley</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Etta Sheley</u> ADDRESS <u>Columbia Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>subtle</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Thymicolymphaticus</u>		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from viewed as corpse, 1951, to coroner, 1951, that I last saw the deceased alive on _____, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry W. Griffith, M.D. Coroner</u> (Degree or title)	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>5-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Labary</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 15 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u> ADDRESS <u>Columbia Mo</u>
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RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51

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, _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *Stuart J. Parker*
Student Embalmer No. _____

Licensed Embalmer No. *3900*

P. O. Address *Columbia 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.