

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21820

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Advance</u>		c. CITY OR TOWN <u>Advance</u> 1030	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Advance</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Roy</u> c. (Last) <u>Shell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 25, 1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Hutesville, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Shell</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Rawena Hoberg Shell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Rawena Shell, Advance, Mo.</u>
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Sensitivity</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		334	
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) (Min.)	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 <u>Jan 1951</u> , to <u>16 June 1951</u> , that I last saw the deceased alive on <u>12 June 1951</u> , and that death occurred at <u>12:40pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Merrill, Jr.</u>		23b. ADDRESS <u>Advance Mo.</u>	23c. DATE SIGNED <u>18 June 51</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Collins Cemetery, Advance, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>960</u>	
24f. DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clayton S. Morgan, Advance, Mo.</u>	

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

RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

William N. Morgan

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed William N. Morgan

Licensed Embalmer No. 4640

P. O. Address Adelanto, 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.