

**MISSOURI** MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17424

State File No. \_\_\_\_\_

Registrar's No. 83

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911

1980  
1

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Wardell</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wardell</b> <u>0730</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 1</b>                                      |  | d. STREET ADDRESS (If rural, give location) <b>Rural Route 1</b>   |  |

|   |                       |                        |  |
|---|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>A.</b> | b. (Middle) <b>B.</b> | c. (Last) <b>SHELL</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 21, 1952</b> |
|---|-----------------------|------------------------|--|

|                    |                               |   |                                       |   |                        |                       |       |      |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>July 28, 1885</b> | 9. AGE (In years last birthday) <b>66</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b> | 11. BIRTHPLACE (State or foreign country) <b>Arkansas</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Samuel Shell</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Clora Shell</b> |
|--|--|--|

|   |                                  |  |                                  |
|---|----------------------------------|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>X</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Clora Shell</b> | ADDRESS <b>R. 1 Wardell, Mo.</b> |
|---|----------------------------------|--|----------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 <b>X</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <b>4201</b><br>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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8 P.** m., from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>James A. Osburn, Coroner</b> (Degree or title) | 23b. ADDRESS <b>Wardell, Mo.</b> | 23c. DATE SIGNED <b>5-21-52</b> |
|--|----------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5-25-52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Saint Paul</b> | 24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b> |
|---|--------------------------|--|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>5-18-52</b> | REGISTRAR'S SIGNATURE <b>John W. Gorman</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jimmy Osburn Funeral Home, Wardell, Mo.</b> |
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5-52-173

Rec. MAY 29 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

MAR 10 1952

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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

*James A. Osburn*

Licensed Embalmer No. 4185

P. O. Address Warrenton, 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.