

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19374

State File No. _____

FILED JUN 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>5114</u> Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ZALMA-R.F.D. WAYNE</u>		c. LENGTH OF STAY (in this place) <u>4 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ZALMA, R.F.D. WAYNE TWP.</u>		0096
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.T. Home</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>T.</u> c. (Last) <u>Shell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 16 1952</u>		
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-11-1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u>
IF UNDER 12 HRS. Days <u>5</u>	IF UNDER 12 HRS. Hours <u>5</u>	IF UNDER 12 HRS. Min. <u>5</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Bollinger County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>S. H. Barrett</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Sharron</u>		14. NAME OF HUSBAND OR WIFE <u>H. S. Shell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tester Shell, Lutesville, 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>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Scurvy</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>84 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>794X</u>	
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 <u>Jan</u> , 19 <u>51</u> , to <u>16 May</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>15 May</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Merrill, M.D.</u>			23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>13 June 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 13 1952</u>		REGISTRAR'S SIGNATURE <u>Thelma Van Rumbergh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vene Ward</u>	
				ADDRESS <u>Lutesville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0090

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 Howard R. Harmon

Licensed Embalmer No. 4122

P. O. Address Cambridge

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.