

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20664**
 Registrar's No. **2568**

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 2310 E. 19th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2310 E. 19th St.		d. STREET ADDRESS (If rural, give location) 2310 E. 19th St.	
3. NAME OF DECEASED a. (First) STANLEY b. (Middle) _____ c. (Last) _____ Stanley Shelby			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1889
9. AGE (In years last birthday) 64 6/2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Gundie Mill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Shelby		13b. MOTHER'S MAIDEN NAME Nellie -	14. NAME OF HUSBAND OR WIFE Dirah Shelby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-07-1685	17. INFORMANT'S SIGNATURE OR NAME Dirah Shelby
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) Cachexia		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia ANTECEDENT CAUSES DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of Rectum 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 15 1/2	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15	
22. I hereby certify that I attended the deceased from Feb 15, 1952 , to June 5, 1952 , that I last saw the deceased alive on June 5, 1952 and that death occurred at 3:30 PM from the causes and on the date stated above.			
23a. SIGNATURE W. L. Dixon, M.D.		23b. ADDRESS 2204 1/2 E. 18th	
23c. DATE SIGNED 6-6-52		24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial	
24b. DATE 6/9/52		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) Booneville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Holmes Watkins	
DATE REC'D BY LOCAL REG. 6-7-52		ADDRESS 18th & Benton	

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

Completed

Proctor

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 *Bruce L. Pukett*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.

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v2

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 2066452
Local Registrar's No. 2568

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of March, 1953, before me appears Dinah Shelby

, who, upon her oath, states that the original record of ~~birth~~ death
for Standley Shelby ^{died} ~~born~~ June 5, 1952 in the State of
Missouri, and which was filed at Kansas City on June 7, 1952, should be corrected as follows:

Item No. 3 should read Stanley Shelby

Instead of Standley Shelby

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dinah Shelby Wife
Relationship.

2310 E 19 St Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 31st day of March, 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

