

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4001  
Registrar's No. 41

53

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		c. LENGTH OF STAY (Up to this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		<u>0-916</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Novinger</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>Harrison</u>		c. (Last) <u>Sholley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 19, 1887</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Miner</u>			11. BIRTHPLACE (State or foreign country) <u>Blue Ridge, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Jonathan Sholley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Osborn</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Jane Chrisman Sholley</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>X</u> <u>489-10-9122</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Jane Sholley, Novinger 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</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) _____					<u>4201</u>	
		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"/>	
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) (Minute) _____		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>Dec 6, 1952</u> , to <u>Jan 30, 1953</u> that I last saw the deceased alive on <u>Dec 28, 1953</u> and that death occurred at <u>3:40 A.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. G. Rhoads, D.O.</u> (Degree or title)				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>1-30-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greencastle</u>		24d. LOCATION (City, town, or county) (State) <u>Greencastle, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-1-53</u>		REGISTRAR'S SIGNATURE <u>Nate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul R. Rice</u> ADDRESS <u>Kirkville, Mo.</u>				

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

**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 *Richard H. Bandall*

Licensed Embalmer No. *4866*

P. O. Address *Furkville, M.*

**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.