S. No. 300
v. 10.48

XC-3231531
RN-5047

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35152

BIRTH NO. NOV 12 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 443

0

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place): 51 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILDERBRAND 0160 1
d. STREET ADDRESS (If rural, give location): STAR RT.

3. NAME OF DECEASED (Type or Print)
a. (First): IGNATS
b. (Middle): NMI
c. (Last): SHAMEL

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 29, 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: SEPTEMBER 18, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): HILDERBRAND, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NICK SHAMEL
13b. MOTHER'S MAIDEN NAME: GERTRUDE ROOK
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS

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) ARTERIOSCLEROTIC GANGRENE RIGHT FOOT.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL VASCULAR ACCIDENT
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I/VA attended the deceased from* 9-8-53, 19__, *to* 10-29-53, 19__, ~~[illegible]~~ *and that death occurred at* 4:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE T. S. Ussery 0 (Degree or title): T. S. USSERY, M.D. OFFICER OF THE DAY.
23b. ADDRESS: VA HOSPITAL POPLAR BLUFF, MO.
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: October 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Maurus Catholic Cemetery, Biehle, Mo.
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE 484: B H Minetree
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert Bey, Perryville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 9 1953
BUTLER CO. HEALTH CENTER
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, [redacted] .....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.