

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**42212**

State File No. \_\_\_\_\_  
Registrar's No. 78

**FILED JAN 14 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> d. STREET ADDRESS (If rural, give location) <u>626 North Ninth</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Loren</u> b. (Middle) <u>A.</u> c. (Last) <u>Shell</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 22, 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 30, 1909</u>	<b>9. AGE</b> (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Liquor Store</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Sank, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>

<b>13a. FATHER'S NAME</b> <u>Bennie Shell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lillian Hindman</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ennis Shell</u>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Shell Poplar Bluff, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>not known</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Poplar Bluff, Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from Dec 22 1953, to Dec 22, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. W. Wainman M.D.</u>	<b>23b. ADDRESS</b> <u>Poplar Bluff, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-30-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>12-24-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Baker Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lutesville, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1/5/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Frank Cotrell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Frank Cotrell Poplar Bluff, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 11 1954

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Walker R. Knight

Licensed Embalmer No. 425-14

P. O. Address 412 Van Poplar Bluff - 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.