

FILED MAR 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 13

1. PLACE OF DEATH  
 a. COUNTY BOLLINGER  
 b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL, LORANCE TWP.  
 c. LENGTH OF STAY (in this place) LIFETIME  
 d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LUTESVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MO. b. COUNTY BOLLINGER  
 c. CITY (If outside corporate limits, write RURAL and give township) RURAL, LORANCE TWP.  
 d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE 0090

3. NAME OF DECEASED  
 a. (First) WESLEY b. (Middle) W c. (Last) SHELL

4. DATE OF DEATH (Month) (Day) (Year)  
2-26-54

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 3-6-1853

9. AGE (in years last birthday) 100 IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 12 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) BOLLINGER CO, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Philip Shell

13b. MOTHER'S MAIDEN NAME Katy Shell

14. NAME OF HUSBAND OR WIFE ROENA SHELL

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS WOODROW SHELL LUTESVILLE, MO.

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) Cardiac Resuscitation  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
 DUE TO (b) Arteriosclerotic heart disease  
 DUE TO (c) Chronic Nephritis  
 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 592X

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1940, to 2/26, 1954, that I last saw the deceased alive on 2/25, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Myers D.O. Lutesville Mo

23b. ADDRESS

23c. DATE SIGNED 2/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-28-54

24c. NAME OF CEMETERY OR CREMATORY SHELL CEMETERY

24d. LOCATION (City, town, or county) (State) BOLLINGER CO, MO

DATE REC'D BY LOCAL REG. Mar. 3 1954

REGISTRAR'S SIGNATURE Willie Dan Amburgh

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME, LUTESVILLE, MO.

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 *A. J. Baker* .....

Licensed Embalmer No. *3573* .....

P. O. Address *Luttsville NC* .....

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.