

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14621**

FILED JUN 10 1955

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) Lutesville		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN HANRY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bond Nursing Home				e. STREET ADDRESS (If rural, give location) 0090			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) Levi		c. (Last) SHELL		4. DATE OF DEATH (Month) (Day) (Year) 5-18-55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MARCH 19-1871	
9. AGE (In years last birthday) 84		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Fredrick Shell		13b. MOTHER'S MAIDEN NAME SUSAN CRADER		14. NAME OF HUSBAND OR WIFE MARY DAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. M. Bond 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primum decompensatio 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 153X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 3/2 1955 to 5/18 , 1955, that I last saw the deceased alive on 5/18 , 1955, and that death occurred at 3:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Myers D.O.		23b. ADDRESS Lutesville Mo				23c. DATE SIGNED 5/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-55		24c. NAME OF CEMETERY OR CREMATORY Dry Creek		24d. LOCATION (City, town, or county) (State) BOLLINGER Co. MO	
DATE REC'D BY LOCAL REG. June 1-1955		REGISTRAR'S SIGNATURE William H. Lambuth		25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward		ADDRESS Lutesville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3812
P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**