

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8627**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give town) KENNETT		c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY OR TOWN HORNERSVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNKLIN COUNTY MEMORIAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0350	

3. NAME OF DECEASED (Type or Print) a. (First) MIMA b. (Middle) JANE c. (Last) SHELL			4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1956		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEBRUARY 2-3-1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) HORNERSVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ALLEN EDMONSTON		13b. MOTHER'S MAIDEN NAME ELIZABETH FAUBUS		14. NAME OF HUSBAND OR WIFE P. E. SHELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 493-28-1167		17. INFORMANT'S SIGNATURE OR NAME M. R. Schell ADDRESS Hornersville 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA, BRONCHIAL		INTERVAL BETWEEN ONSET AND DEATH 2 YRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	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)	163X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Aug, 1953, to Mar 21, 1956, that I last saw the deceased alive on Mar 21, 1956, and that death occurred at 11:03 P. m., from the causes and on the date stated above.

23a. SIGNATURE Eberhard Wohler Jr (Degree or title) M.D.		23b. ADDRESS Jenatha, Mo		23c. DATE SIGNED 3-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-23-1956	24c. NAME OF CEMETERY OR CREMATORY HORNOR CEMETERY	24d. LOCATION (City, town, or county) (State) HORNERSVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 3-26-56	REGISTRAR'S SIGNATURE Earl Hubbert	25. FUNERAL DIRECTOR'S SIGNATURE EMERSON-SON FUNERAL HOME ADDRESS JONESBORO, ARK.		

(Licensed Embalmer's Statement on Reverse Side)

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

910

RECEIVED DUNKLIN COUNTY
DEPARTMENT 4-2-
COUNTY FILE NUMBER 4

APR 9

1933

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.....
J. H. Brown

Licensed Embalmer No. 895

P. O. Address *J. H. Brown, Ark.*

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.