

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

**23184**

State File No. \_\_\_\_\_

**FILED AUG 6 - 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **223**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>COLE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON CITY, MO.</b>		c. LENGTH OF STAY (In this place) <b>4 DAYS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. CITY OR TOWN <b>JEFFERSON CITY, MO.</b>		e. STREET ADDRESS (If rural, give location) <b>706 Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) _____	c. (Last) <b>SHELL</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 29, 1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>MAY 16, 1871</b>	<b>9. AGE</b> (In years last birthday) <b>85</b>	<b>10. IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>13</b>	<b>11. IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Thomas, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Henry Koersches</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Agnes Hahn</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Columbus Schell</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Flora Koersches</b>	<b>ADDRESS</b> <b>J. C. Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>			
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>General arteriosclerosis</b>	<b>DUE TO (b)</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		<b>DUE TO (c)</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332x</b>	<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>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 26, 1956 to July 29, 1956, that I last saw the deceased alive on July 29, 1956, and the death occurred at 9:52 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) _____	<b>23b. ADDRESS</b> <b>Jefferson City, Mo.</b>	<b>23c. DATE SIGNED</b> <b>July 30, 1956</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/1/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>31 Aug 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>J. C. MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 *James E. Eymard*.....  
Licensed Embalmer No. *49*.....

P. O. Address *Jeff City*.....

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.