

Health, Welfare, Public Service
 300-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

1054
 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5457 Registrar's No. 27-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cass Township</u> OR <u>Cave Springs, Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cave Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Cave Springs</u>			Length of stay in 1b <u>30 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Cave Springs</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JOHN CAMPBELL SHELLEY</u>				First	Middle	Last	4. DATE OF DEATH <u>Jan. 7, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 8, 1871</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Shelley</u>				14. MOTHER'S MAIDEN NAME <u>Roetta Cheek</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Floy Chendler, Cave Springs, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u> (Probable Coronary Occlusion) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>UNATTENDED BY PHYSICIAN 4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>11:00</u> Month <u>Jan</u> Day <u>7</u> Year <u>1957</u> a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Springfield, Missouri</u>		COUNTY <u>Greene</u> STATE <u>Mo.</u>		
21. I attended the deceased from <u>11:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Edith Williamson</u> (Degree or title) Local Registrar of Vital Statistics				22b. ADDRESS <u>Greene County Court House Springfield, Missouri</u>		DATE SIGNED <u>1/14/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Passville</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>			
24. FUNERAL DIRECTOR <u>Ralph Thieme</u> ADDRESS <u>Springfield, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.