

Health, Welfare, Public Service

300 / 1-56

Standard temperature in them 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20004

STATE FILE NUMBER

58

FILED JUL 9 1957

Registration District No. 15 Primary Registration District No. 5069 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Lamar</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in lb <b>25 yrs.</b>	d. STREET ADDRESS <b>Route 3</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>ELIZABETH (LIBBY)</b> Last <b>DAY</b>			4. DATE OF DEATH <b>July 3, 1957</b> Month Day Year		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 16, 1874</b>	9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Jasper County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Peter Shell</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mr. Van Day, Lamar, Mo. Rt. 3</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremic condition</b> 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) <b>Diabetes Mellitus</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
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 Month, Day, Year 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 <b>LAMAR</b>	COUNTY <b>Barton</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>March 1</b> to <b>July 3</b> and last saw her alive on <b>July 3</b> Death occurred at <b>1201 1/2</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>D R. Guelder</b>			22b. ADDRESS <b>LAMAR</b>		22c. DATE SIGNED <b>7-5-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 5, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Chiles Funeral Home, Lamar, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>JUL 5 - '57</b>		26. REGISTRAR'S SIGNATURE <b>Missie Kanatz</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 12 1957  
JUL 25 1957  
JUL 10 1957

AUG 7 1957

**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 M. Cole*.....

Licensed Embalmer No. *34*

P. O. Address *Lebanon, Mo.*

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.