

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20024**

FILED JUL 9 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **39**

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

1. PLACE OF DEATH a. COUNTY <b>BOHNINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. inst. (a). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOHNINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LUTESVILLE</b>		c. CITY OR TOWN <b>ZALMA</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		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 <b>BOND NURSING HOME</b>			
STREET ADDRESS (If rural, give location) <b>R. F. D. 009<sup>0</sup></b>			

3. NAME OF DECEASED a. (First) <b>LEVI</b>	b. (Middle) <b>OTTO</b>	c. (Last) <b>SHELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26, 1957</b>
---	-------------------------	------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Aug 26, 1896</b>	9. AGE (In years last birthday) <b>60</b>	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) <b>RET. FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	--	--	--

13a. FATHER'S NAME <b>DAN SHELL</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH BRIDGES</b>	14. NAME OF HUSBAND OR WIFE
-------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>49716 2362</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HARRY SHELL, CLARKTON, MO</b>	ADDRESS
---	--	--	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5-10 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Auricular Fibrillation</b>		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>0</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>420.0</b>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>0</b>	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 **6-26-57**, 19**57**, to **6-26-57** 19**57**, that I last saw the deceased alive on **6-26-57**, 19**57**, and that death occurred at **1:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>William J. Freitas, D.O.</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Lutesville Missouri</b>	23c. DATE SIGNED <b>7-2-57</b>
--	-------------------------------	---	--------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/27/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MORGAN MEM. PK.</b>	24d. LOCATION (City, town, or county) (State) <b>ADVANCE, MO.</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>July 3-57</b>	REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Floyd L. Morgan, Jr.</b>	ADDRESS <b>Advantage</b>
---	---	---	--------------------------

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.....  
*Wm H Morgan*

Licensed Embalmer No.....  
*464*

P. O. Address.....  
*Adrian,*

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.