

Dept. Health,
& Welfare
J. S. Public
Health Service

V. S. 300
Rev. 1-57

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.
 Doctor's name and date of examination in the specimen container required by 1931-140 MoRS 1929.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

39401

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

XC-196 84 34
REG.# 15200

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 646

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY FULTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN MAMMOTH SPRING	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS BOX 16	
3. NAME OF DECEASED (Type or print) First Middle Last ULYSSES H. H. SHETRONE		4. DATE OF DEATH OCTOBER 31, 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) BRYANT, INDIANA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SCLENA SHETRONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOLEAR NEPHROSCLEROSIS. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 442X			INTERVAL BETWEEN ONSET AND DEATH Several years
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 <input type="checkbox"/> HOME <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	COUNTY _____ STATE _____
21. YA attended the deceased from October 5, 1957 to Oct. 31, 1957 Death occurred at 1:03PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Med. Svc.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 11/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-3-1957	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	23d. LOCATION (City, town, or county) (State) Mammoth Spring, Ark.
24. FUNERAL DIRECTOR Gleason Bygones		25. DATE RECD. BY LOCAL REG. 11/1/57	26. REGISTRAR'S SIGNATURE R W Minette <i>By me</i>

89

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1957

RECEIVED

NOV 18 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 3 0 1962

DEC 19 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 *John D. Clark*
Licensed Embalmer No. 4475

P. O. Address *Box 398 alt.*

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.