Dept. Health, Duc., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44101
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1179

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge — Length of stay in 1b 55 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2231 N. Farmer — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First OSCAR Middle EARL Last SHELLEY

4. DATE OF DEATH Month Dec. Day 10, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH June 4, 1902
9. AGE (In years last birthday) 55 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and state or country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S/a.

13a. FATHER'S NAME James Shelley
13b. MOTHER'S MAIDEN NAME Henrietta Woolsey
14. NAME OF HUSBAND OR WIFE Irma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-10-100
17. INFORMANT Mrs. Irma Shelley Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, lobar bilateral — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation, dilatation and auricular fibrillation — 1 week
DUE TO (c) Coronary atherosclerosis c̄ old infarct — 6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis generalized

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 27 to Dec. 10, 1957 and last saw ~~her~~ him alive on July 10, 1957
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. L. Gentry M.D.
22b. ADDRESS Med Arts Bldg., Spgfd., Mo
22c. DATE SIGNED 12-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY Hazelwood
23d. LOCATION (City, town, or county) Springfield, (State) Mo.

24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo. LM
25. DATE RECD. BY LOCAL REG. 12-13-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JAN 8 1958

DEC 23 1957

MAR 18 1958

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, Mo.

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.