

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **45259**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Pemiscott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscott</b>	
b. CITY (If outside corporate limits, write BURAL and give township) <b>Bragg City (Rural)</b>		c. CITY (If outside corporate limits, write BURAL and give township) <b>Bragg City (Rural)</b>	
c. LENGTH OF STAY (In this place) <b>1 yr</b>		d. STREET ADDRESS <b>0180</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>Leslie</b> c. (Last) <b>Shell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-7-1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12-22-1933</b>
9. AGE (In years last birthday) <b>23</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when last retired) <b>Common labor</b>	11. BIRTHPLACE (State or foreign country) <b>Grassy Missouri</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Otto Shell</b>	13b. MOTHER'S MAIDEN NAME <b>Elsie Street</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>4-98-34-0037</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Huddleston, Brackton Mo</b> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun-shot wound in chest</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bragg City Pemiscott Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-7-57 6P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Shot by Donald Ray Busby</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>James G. Osburn</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Wardell, Mo.</b>	23c. DATE SIGNED <b>12-20-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-19-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>near Clarkton, Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-26-57</b>	REGISTRAR'S SIGNATURE <b>J. H. Gorman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom Bradshaw</b> ADDRESS <b>Gideon, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1-2-58

JAN 3 - 1958

FEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARÜTHERSVILLE, MO.

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 .....  
Student Embalmer

Signed

*Lloyd Russell*

Licensed Embalmer No. *509 - Ark.*

P. O. Address *Figgatt, Ark.*

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 this body is not embalmed, fact should be so stated above.