

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45296**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (in this place) 23 days		c. CITY (If outside corporate limits, write RURAL and give township) Green Ridge			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nurseing Home				d. STREET ADDRESS (If rural, give location) 08 0			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Robert		c. (Last) SHELLEY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 28, 1867	
9. AGE (in years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired funeral director		10b. KIND OF BUSINESS OR INDUSTRY and Merchant		11. BIRTHPLACE (City and State or Foreign Country) Cooper County Mo.	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME John D. Shelley		13b. MOTHER'S MAIDEN NAME Mary Ellen Rue		14. NAME OF HUSBAND OR WIFE Mrs. Amelia Shelley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Glenn C. Morrow Green Ridge, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		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) Bacterial infection					
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 491X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Nov 11, 1957 , to Nov 18, 1957 , that I last saw the deceased alive on Nov 18, 1957 , and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE H. A. Hite M.D. (Degree or title)				23b. ADDRESS Green Ridge Mo.		23c. DATE SIGNED 12-20-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 1957		24c. NAME OF CEMETERY OR CREMATORY Green Ridge		24d. LOCATION (City, town, or county) (State) Green Ridge, Mo.	
DATE REC'D BY LOCAL REG. 12 26 57		REGISTRAR'S SIGNATURE Frances Shelby		FUNERAL DIRECTOR'S SIGNATURE Glenn E. Heck		ADDRESS Funeral Home Green Ridge, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

5410

APR 22 1959

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 Alan E. Speck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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 this body is not embalmed, fact should be so stated above.