

Health, Welfare, Public Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006949

STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington - Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Rest Home</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>JUSTUS</u> Last <u>SHELLEY</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>16,</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 11, 1888</u>	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Engr.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo. Rt. 1 USA</u>	
13. FATHER'S NAME <u>Burk Shelley</u>				14. MOTHER'S MAIDEN NAME <u>Ida Jones</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>516010706</u>		17. INFORMANT Address <u>Mrs. J. J. Shelley Bonne Terre, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Thrombotic Encephalomalacia</u> <u>3 months</u>	
						DUE TO (c) <u>Arteriosclerotic</u> <u>several years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Bronchial Asthma</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>332X</u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>7-1-57</u> to <u>2-16-58</u> and last saw ^{her} _{him} alive on <u>2-5-58</u> Death occurred at <u>4:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Gerald G. Enloe D.O.</u>				22b. ADDRESS <u>17 S Jackson Farmington Mo.</u>		22c. DATE SIGNED <u>Feb. 2-18-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb. 18, 1958</u>		<u>Masonic Cemetery</u>		<u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BOYER'S Bonne Terre, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 18, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 12 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 *X. C. Z. Boyer*.....

Licensed Embalmer No. 1671.....

P. O. Address Desloge, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.