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| FILED JUN 9 1958 | | Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 582 |
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY GREENE | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SPRINGFIELD 0396 | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | Length of stay in lb | d. STREET ADDRESS 520 S. JEFFERSON | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CARRIE DELL SHELPMAN | | | 4. DATE OF DEATH Month Day Year JUNE 4 1958 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MARCH 14 1866 | 9. AGE (In years last birthday) 92 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) COLUMBUS, OHIO / | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME AARON C. HEDLEY | | 13b. MOTHER'S MAIDEN NAME HANNAH EBERLY | 14. NAME OF HUSBAND OR WIFE E.J. SHELPMAN (DEC.) | |
| 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. NO | 17. INFORMANT ED J. SHELPMAN Address SPRINGFIELD, 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) Terminal Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial Occlusion - left leg. DUE TO (c) Gangrene of left leg - 454X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | INTERVAL BETWEEN ONSET AND DEATH 7 Days |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/> NOT WHILE WORK 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 Jan. 1946 to June 3, 1958 and last saw her alive on June 3, 1958 Death occurred at 5:48 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE Ronald F. Elkins (Degree or title) M.D. | | 22b. ADDRESS Springfield Mo | | 22c. DATE SIGNED June 4, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6/6/58 | 23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK | 23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State) | |
| 24. FUNERAL DIRECTOR H.H. LOHMEYER | | ADDRESS SPRINGFIELD, MO. | 25. DATE RECD. BY LOCAL REG. 6-4-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |

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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 *W. M. Cannon*

Licensed Embalmer No. *2727*

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.