

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016713

STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 26

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lutesville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bond Nursing Home</b>		Length of stay in lb <b>5yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>0090</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Daniel</b> Middle <b>A.</b> Last <b>Shell</b>			4. DATE OF DEATH Month <b>5/</b> Day <b>1/</b> Year <b>59</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/21/1874</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Fredrick Shell</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Crafter</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Greer Shell</b>	
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>L.H. Shell Lutesville, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Premia</b> <b>Cardiovascular Renal Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <b>42X</b> YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

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 <b>Lutesville Mo</b>	COUNTY <b>Bollinger</b>	STATE <b>Missouri</b>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>John J. Myers MD</b>		22b. ADDRESS <b>Lutesville Mo</b>		22c. DATE SIGNED <b>5/5/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/4/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Patterson Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Grassy Missouri</b>
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24. FUNERAL DIRECTOR <b>Gene H. Tuttle</b>	ADDRESS <b>Lutesville Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5/15/59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Willie Kenneth Liley, Student Embalmer No. 579 working under my personal supervision.

Student Willie Kenneth Liley  
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.