

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011237
STATE FILE NUMBER

FILED VS. MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1539

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 41 yrs	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2412 W. Paseo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2412 W. Paseo	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle	Last SHELBY	4. DATE OF DEATH	Month March	Day 14,	Year 1960
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1880	9. AGE (last birthday) 79 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Booneville, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME J. P. Shelby	13b. MOTHER'S MAIDEN NAME Nellie Park	14. NAME OF HUSBAND OR WIFE Elizabeth Shelby
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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. 500-22-3962	17. INFORMANT Elizabeth Shelby 2412 W. Paseo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	one day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Rectum	three years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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	COUNTY	STATE
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21. I attended the deceased from Feb. 6, 1960 to March 14, 1960 and last saw her alive on March 14, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. C. Lewis, M.D.	(Degree or title)	22b. ADDRESS Kansas City, Mo 210 Lincoln Bldg.	22c. DATE SIGNED 3-15-60
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23a. BURIAL (Specify) Burial	23b. DATE 3-18-60	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) Booneville, Missouri	(State)
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24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-15-60	26. REGISTRAR'S SIGNATURE Neve Minshel
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BY AFFIDAVIT OF **M. C. Lewis** MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins
Licensed Embalmer No. 4500

P. O. Address 15th St

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.