

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018313

FILED VS JUN 7 1960

032

Primary Registration District No. 4043

Registrar's No. 44

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First PEARL Middle SHELL Last SHELL			4. DATE OF DEATH Month MAY Day 28 Year 1960			
5. SEX J.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aug.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BLODGETT, Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME WILLIAM IRVIN MYERS		13b. MOTHER'S MAIDEN NAME MEACK TIPPY		14. NAME OF HUSBAND OR WIFE SEAMAN SHELL	
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 Address Seaman Shell, Marble Hill, Mo.	

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 1 day
IMMEDIATE CAUSE (a) Coronary Occlusion			
DUE TO (b) Atherosclerosis			
DUE TO (c)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			

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.)			
20c. TIME OF INJURY Hour Month, Day, Year					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 5/27/60 to 5/28/60 and last saw her ^{her} _{him} alive on 5/28/60 Death occurred at 12 m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) John J. Myers MD		22b. ADDRESS Lutesville Mo		22c. DATE SIGNED 4/4/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	23d. LOCATION (City, town, or county) Lutesville	(State) Mo.

24. FUNERAL DIRECTOR Baker Funeral Home, Lutesville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6/6/60	26. REGISTRAR'S SIGNATURE Mr. Buford Crider
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 14 1980

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 J. E. Graham

Licensed Embalmer No. 4010
P. O. Address Luteson

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.