

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022430

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 84

STATE FILE NUMBER

VS 300 Rev. 4/59

1 0275
2 0275-

3
4 3
5 1
6
7 0
8 1
9 4201

10
11
12 1-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **JUL 9 1962**
a. COUNTY COOPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY COOPER

c. CITY OR TOWN BOONVILLE Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) WATER ST Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
LEOLA SHELBY

4. DATE OF DEATH Month Day Year
JUNE 30 62

5. SEX FEMALE 6. COLOR OR RACE NEGRO 7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH MAR 16 1908 9. AGE (last birthday) 54 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BOONVILLE MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME ALEX GIVENS 13b. MOTHER'S MAIDEN NAME CELIA JACKSON 14. NAME OF HUSBAND OR WIFE WILLIAM SHELBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service) NO 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address WILLIAM SHELBY WATER ST

18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INFARCTION OF THE MYOCARDIUM INTERVAL BETWEEN ONSET AND DEATH 19 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE, 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) DUODENAL ULCER WITH PERFORATION IN PAST. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 10/22/56 to 6/30/62 and last saw her ^{her} alive on 6/30/62
Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. H. H. M.D. 22b. ADDRESS 329 Main St., Booneville, Mo. 22c. DATE SIGNED 7/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JULY 3, 1962 23c. NAME OF CEMETERY OR CREMATORY CTTY 23d. LOCATION (City, town, or county) (State) BOONVILLE MO

24. FUNERAL DIRECTOR ADDRESS H MAY 814 SPORSTER ST BOONVILLE MO 25. DATE RECD. BY LOCAL REG. 7/2/62 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 HOLWELL T. MAY, Student Embalmer No. 667

working under my personal supervision.

Student Holwell T. May
Signature of Student Embalmer

Signed George P. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbus, 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.