

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038612

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 33

FILED OCT 2 1963

VS 300  
Rev. 4/59  
1 1031  
2 10351  
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4 0  
5 1  
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7 0  
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9 4/2X  
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12 90-0  
13 3-1

DATE AMENDED  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pike Twp.</b>		c. CITY OR TOWN <b>Advance,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Advance, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Advance, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>Andrew</b> Middle <b>Jackson</b> Last <b>Shell</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>30</b> Year <b>1963</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>2-20-81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Zalma, Mo.</b>
13a. FATHER'S NAME <b>Eroy Shell</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Masters</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Cazadd Shell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no none</b>		16. SOCIAL SECURITY NO. <b>20</b>	17. INFORMANT Address <b>Gertrude Shell, Advance, 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>cardio-renal-vascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
DUE TO (b) _____			_____
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
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 _____ 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
21. I attended the deceased from <b>Aug 30 63</b> to <b>Aug 30 63</b> and last saw him alive on <b>Aug 15 63</b> Death occurred at <b>3:00 p.</b> m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>N.V. Ashley MD</b> (Degree or title)		22b. ADDRESS <b>Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>Aug 31 63</b> (Date)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 1, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Baker Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lutesville, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wm. H. Morgan, Advance, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/4/63</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Moore</b>

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W<sup>m</sup>. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.