

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038731

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 6284 Registrar's No. 19

**FILED SEP 30 1963**

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Manes</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manes - Rural Route</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Manes Route</u>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>D.</u> Last <u>SHELBY</u>			4. DATE OF DEATH Month <u>September</u> Day <u>15</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/28/1880</u>	9. AGE (last birthday) <u>82 Yrs</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Wright County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jess Shelby</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Flanders</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Montgomery Shelby</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Martha Shelby, Manes, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> DUE TO (b) <u>Acute Pulmonary Edema</u> DUE TO (c) <u>Pneumia</u> 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		
19. WAS AUTOPSY PERFORMED? 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.	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 <u>June 20, 1963</u> , to <u>Sept 15, 1963</u> and last saw him alive on <u>Sept 15, 1963</u> Death occurred at <u>9:20 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Richard E. Mitchell</u> (Degree or title)		22b. ADDRESS <u>20 Mountain Grove, Mo</u>		22c. DATE SIGNED <u>9-19-63</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/19/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Manes Cemetery</u>	23d. LOCATION (City, town, or county) <u>Manes, Missouri</u>			
24. FUNERAL DIRECTOR <u>Barber Funeral Home - Mtn. Grove, Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-26-1963</u>	26. REGISTRAR'S SIGNATURE <u>Loannie J. Jones</u>		

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Bob Davis Student Embalmer No. 678

working under my personal supervision.

Student Bob Davis  
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address W. K. Howard

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.