

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029992

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

032
FILED SEP 12 1962

Primary Registration District No.

Registrar's No.

63

STATE FILE NUMBER

VS 300
Rev. 4/59

10090

20090

3

4 1

5 1

6

7 0

8 0

9 4200

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lutesville

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

BOLLINGER

c. CITY

OR TOWN

Lutesville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

R.R. 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

SADIE

Middle

SHELL

Last

4. DATE

OF DEATH

Month

Day

Year

AUG. 24, 1962

5. SEX

F M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-28-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

BOLLINGER CO.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

T.P. FRANCIS

13b. MOTHER'S MAIDEN NAME

MALINDA SHELL

14. NAME OF HUSBAND OR WIFE

CHAS. SHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

Chas. Shell Lutesville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart dx.

DUE TO (c)

Arteriosclerosis

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.

☐ 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

8/20/62

to 8/26/62

and last saw her alive on 8/25/62

Death occurred at

11:20 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John Pughart Dr

22b. ADDRESS

Lutesville Mo.

22c. DATE SIGNED

8/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Aug 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

BOLLINGER CO. MEM

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Address

Gene Ward, Lutesville Mo

25. DATE RECD. BY LOCAL REG.

9/4/62

26. REGISTRAR'S SIGNATURE

Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Kenneth Filey
5086

Licensed Embalmer No. 5086

P. O. Address Futuresville, 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.