

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30039

Registration District No. 6215

Primary Registration District No. 904

Registrar's No.

1. PLACE OF DEATH:

- (a) County North Union, Mo
(b) City or town Sherridan (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2
In this community 41 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME LEE SHERIDAN SHELMAN

3. (b) If veteran, name war. No. 8. (c) Social Security No.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christy Shelman
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan (Month) 9 (Day) 1874 (Year)

8. AGE: Years 66 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Pickering, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

12. Name John Shelman
13. Birthplace Pickering, Mo (City, town, or county) (State or foreign country)
14. Maiden name Julia Leftwich
15. Birthplace Pickering, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Christy Shelman
(b) Address Sherridan, Mo

17. (a) Sherridan, Mo (b) Date thereof 8-18-40 (Month) (Day) (Year)

- (c) Place: burial or cremation Sherridan

18. (a) Signature of funeral director J. D. Duffell

- (b) Address Sherridan, Mo

19. (a) 8-18-1940 (Date received local registrar) (b) Mrs. O. H. Bond (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County North
(c) City or town Sherridan (If outside city or town limits, write "RURAL")
(d) Street No. Sheridan (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1940 hour 9 AM minute — M.

21. I hereby certify that I attended the deceased from Aug 15, 1940, to Aug 16, 1940, that I last saw him alive on Aug 16, 1940, and that death occurred on the date and hour stated above.

- Immediate cause of death Angina Pectoris
Due to ✓ 94 W
Due to ✓

- Other conditions High Blood Pressure (Include pregnancy within 3 months of death)

- Major findings: Of operations ✓
Of autopsy no
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

- 82-6 (Specify type of place) While at work? (e) Means of Injury ✓

23. Signature Egbert Crowson (M. D. or other) ✓
Address Parnell Mo Date signed Aug 22 1940

RECEIVED
District Health Officer No. 11,
District File Number 940-1348
Date Filed SEP 9 1940

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

....., Registered Apprentice No.
working under my personal supervision.

Signed A. C. Dimple

Licensed Embalmer No. 3252

P. O. Address Grant City, 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 this body is not embalmed, above space should be left blank.