

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 33

ED MAY 8 1943

Registration District No. 120

Primary Registration District No. 4197

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelby
(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
In this community 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Obediah Shiles

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Jane Shiles

6. (c) Age of husband or wife 83 years

7. Birth date of deceased Mar 13 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 25 hr. ✓ min.

9. Birthplace Ind Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business

12. Name Israel Shiles

13. Birthplace Ind Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Anniberry

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Shiles

(b) Address Shelby Mo. 63743

17. (a) Burial (b) Date thereof 4 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Mo.

18. (a) Signature of funeral director Tatoy H. Phillips

(b) Address Shelby Mo.

19. (a) 4/10/43 (b) Robert N. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelby
(If outside city or town limits, write "RURAL")
(d) Street No. S. 4th St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 7 to April 8, 1943
that I last saw him alive on April 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. E. Simpson (M. D. or other)

Address Shelby Mo. Date signed 4-10-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.