

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39810**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 109

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| 1. PLACE OF DEATH a. COUNTY Gentry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Athens Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Athens Township | |
| c. LENGTH OF STAY (In this place) 65 | | d. STREET ADDRESS (If rural, give location) Albany, R.F.D. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Nora Florence | b. (Middle) Shelby | c. (Last) Shelby | 4. DATE OF DEATH (Month) (Day) (Year) 12 24 48 |
|--|---------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|----------------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH March 5 1858 | 9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months 9 | IF UNDER 24 HRS. Hours 19 | IF UNDER 2 HRS. Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|----------------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Ringo County, Iowa | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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|--------------------------------------|--|--|
| 13a. FATHER'S NAME John Payne | 13b. MOTHER'S MAIDEN NAME Eve C. McReynolds | 14. NAME OF HUSBAND OR WIFE S.J. Shelby |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Alta Shelby | ADDRESS Albany, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 97 | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS. Arterial hypertension 300+ Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia | | 14 yrs + 5 yrs. | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1925, to 12-24-1948, that I last saw the deceased alive on 12-23-1948, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) Frank H. Rose M.D. | 23b. ADDRESS Albany, Mo. | 23c. DATE SIGNED 12-26-48 |
|--|---------------------------------|----------------------------------|

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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-26-48 | 24c. NAME OF CEMETERY OR CREMATORY Shepherd | 24d. LOCATION (City, town, or county) (State) Albany, Missouri |
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| DATE REC'D BY LOCAL REG. Dec 31 48 | REGISTRAR'S SIGNATURE James H. Webster | 25. FUNERAL DIRECTOR'S SIGNATURE Clifford Cook | ADDRESS Albany, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Stephen C. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.