

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7846

200

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>COOPER 29</u>	
b. CITY OR TOWN (If outside corporate limits, write BURAL and give township) <u>Pilot Grove</u>	c. LENGTH OF STAY (In this place) <u>18 yrs.</u>	c. CITY (If outside corporate limits, write BURAL and give township) <u>PILOT GROVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STANLEY</u> b. (Middle) <u>-</u> c. (Last) <u>SHELBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-25-1949.</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-5-1911</u>
9. AGE (In years last birthday) <u>37</u>		if UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	if UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Stanley B. Shelby</u>	13b. MOTHER'S MAIDEN NAME <u>Dinah Ferrison</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen 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. <u>496-05-6283</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wife Pilot Grove, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>12-14 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Glomerulo-Nephritis</u> <u>4 yrs.</u> DUE TO (c) <u>Hypertension</u> <u>24 Years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Honour Exhaustion</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H44X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <u>February 22, 1949</u> , to <u>February 25, 1949</u> , that I last saw the deceased alive on <u>February 24, 1949</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G.T. Humphreys M.D.</u>		23b. ADDRESS <u>Pilot Grove, Mo</u>	23c. DATE SIGNED <u>FEBRUARY 25, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb-26-49</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays &amp; Hunter - Pilot Grove</u>	

RECEIVED

District Health Officer No. 5,

District File Number \_\_\_\_\_

Date Filed 3-23-49

APR 1 1949

MAR 26 1949

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  Student Embalmer

Signed Peyton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.