

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18853

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Advance</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwest Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>MONROE</u> c. (Last) <u>SHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 14, 1888</u>
9. AGE (in years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during the most of waking life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>	
11. BIRTHPLACE (State or foreign country) <u>Bellinger Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Frederick Shell</u>		13b. MOTHER'S MAIDEN NAME <u>Dusan Delvine Crain</u>	
14. NAME OF HUSBAND OR WIFE <u>Bonnie B. Shell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ormer J. Shell</u>		ADDRESS <u>Butesville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>2 weeks</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Venia</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc.; it means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> <u>10 years</u>	
		DUE TO (c) <u>Benign Prostatic Hypertrophy</u> <u>10 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u> <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>June 28, 1949</u> , to <u>July 4, 1949</u> , that I last saw the deceased alive on <u>July 3, 1949</u> , and that death occurred at <u>9:20 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Cox, M.D.</u>		23b. ADDRESS <u>Advance, Missouri</u>	
23c. DATE SIGNED <u>July 6, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-6-49</u>		REGISTRAR'S SIGNATURE <u>C. B. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>		ADDRESS <u>Advance Mo.</u>	

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

RECEIVED 7-11-49

District Health Officer No. 4

District File Number 249-905

Date Filed _____

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 _____

Lloyd S. Morgan Jr.
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Lloyd S. Morgan Jr.

Licensed Embalmer No. 4493

P. O. Address Advance, 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, fact should be so stated above.