

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12223**
~~427~~ 134

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. ~~427~~ 134

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 8 hrs.		d. STREET ADDRESS (If rural, give location) NEAR ADVANCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARVIN	b. (Middle) MERL	c. (Last) SHELL	(Month) April	(Day) 18	(Year) 1950

5. SEX M.O.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 7 1908	9. AGE (In years last birthday) 42	if UNDER 1 YEAR 3 Months 11 Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (State or foreign country) BOBINGER Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARBUS R. SHELL	13b. MOTHER'S MAIDEN NAME ALICE BAKER	14. NAME OF HUSBAND OR WIFE BOIS O. SHELL
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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. 495-14-0880	17. INFORMANT'S SIGNATURE OR NAME BOIS O. SHELL	ADDRESS ADVANCE, MO. R#1
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Comminuted Fracture of Skull		INTERVAL BETWEEN ONSET AND DEATH 8-9 hrs. 59720 3 8-9 hrs.
	ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. Traumatic amputation left arm		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 18 1950	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Caught in drive belt of tractor
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22. I hereby certify that I attended the deceased from **18 Apr**, 19**50**, to **18 Apr**, 19**50**, that I last saw the deceased alive on **18 Apr**, 19**50**, and that death occurred at **9:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) Thos. V. Adkins, J. M.D.	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 20 Apr 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-21-50	24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.	24d. LOCATION (City, town, or county) (State) Butesville, Mo.
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DATE REC'D BY LOCAL REG. 4-21-1950	REGISTRAR'S SIGNATURE C. C. Summer	44	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME	ADDRESS Butesville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

*11 up to
antibody*

RECEIVED

APR 24 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-618

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.

Signed J. E. Graham

Signed _____

Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lentisville, 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.