

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12441

State File No.

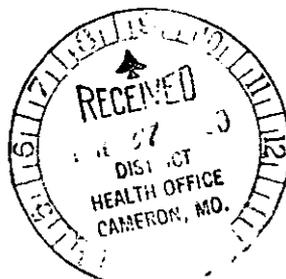
BIRTH NO.		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5872</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY DEKALB		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN WEATHERBY (Rural)		a. STATE MISSOURI		b. COUNTY DEKALB	
c. LENGTH OF STAY (in this place) 60 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEATHERBY (Rural)		d. STREET ADDRESS 0		0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) THOMAS	b. (Middle) JEFFERSON		c. (Last) SHELMAN		(Month) APRIL	(Day) 7	(Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 23 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0	IF UNDER 2 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GENTRY COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ADAM SHELMAN		13b. MOTHER'S MAIDEN NAME JULIA BRUMFIELD		14. NAME OF HUSBAND OR WIFE PRISCILLA SHELMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NINA MCCLURE, WEATHERBY MO.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					<u>5 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Th and Bronchial Pneumonia</u>					<u>2 weeks previous</u>
		DUE TO (c) <u>Senility</u>					<u>480X</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19c. 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) (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>Nov 1946</u> , to <u>April 7, 1950</u> , that I last saw the deceased alive on <u>April 6, 1950</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sherald Fowler M.D.</u>				23b. ADDRESS MAYSVILLE MISSOURI		23c. DATE SIGNED 4-10 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-10 1950	24c. NAME OF CEMETERY OR CREMATORY RIGGS		24d. LOCATION (City, town, or county) (State) WEATHERBY MO.		
DATE REC'D BY LOCAL REG. 4-17-50		REGISTRAR'S SIGNATURE <u>Roscoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pilcher</u>		ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

320



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 *C. T. Filcher*
..... C. T. Filcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.