

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29684

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>290</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>12 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marquand</u>		<u>0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED		a. (First) <u>WILLARD</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>SHETLEY</u>	
(Type or Print)		4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>17</u> (Year) <u>50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-26-1916</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Marquand Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>O. O. Shetley</u>		13b. MOTHER'S MAIDEN NAME <u>Vallie Whitener</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Shetley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-10-6272</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madison Shetley Marquand Mo</u> ADDRESS _____			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastric ulcer</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>Fracture (operation)</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Gastric Ulcer</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 checked="" 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>9/17</u> , 19 <u>50</u> , to <u>9/17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/17</u> , 19 <u>50</u> , and that death occurred at <u>3:40</u> m., from the cause and on the date stated above.							
23a. SIGNATURE <u>Robert W. ...</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>9/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-30-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Madison Memorial</u>		24d. LOCATION (City, town, or County) <u>Marquand</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1950</u>		REGISTRAR'S SIGNATURE <u>C. B. Summers</u>		5. FEDERAL DIRECTOR'S SIGNATURE <u>Ed. ...</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

640

MAY 7 1951

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. 388

working under my personal supervision.

Student Charles F. Crowe
Student Embalmer

Signed

W. V. Ester

Licensed Embalmer No. 3568

P. O. Address

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.