

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19511**
 Registrar's No. **666**

FILED **1111** 2-1951 REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 220 West Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED a. (First) George b. (Middle) T. c. (Last) Shelby			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 26, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooler employee		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.		11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lygear Shelby		13b. MOTHER'S MAIDEN NAME unknown Payne		14. NAME OF HUSBAND OR WIFE Orpha Jane Shelby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Orpha Shelby, St. Joseph, Mo. ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 week
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Arteriosclerosis		
	DUE TO (c) Coronary sclerosis		
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 4/201		20. 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)		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 **2-14**, **1951**, to **6-20**, **1951**, that I last saw the deceased alive on **6-20**, **1951**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm B. Roark M.D. (Degree or title)		23b. ADDRESS 510. Carly Bldg.		23c. DATE SIGNED 6-22-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/24/1951		24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery		24d. LOCATION (City, town, or county) (State) Albany Missouri	
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DATE REC'D BY LOCAL REG. June 26, 1951		REGISTRAR'S SIGNATURE Carl C. Cash		F. FUNERAL DIRECTOR'S SIGNATURE Hester Bowman ADDRESS Funeral Home, St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spading

Licensed Embalmer No. 4535

P. O. Address 3195 11th St. St. Joseph, 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.