

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19983

No. 300
10-48

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenridge</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0800</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gray Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMELIA</u>		b. (Middle) <u>HELLER</u>	
		c. (Last) <u>SHELLEY</u>	
4. DATE OF DEATH <u>June 21, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1867</u>
		9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months _____ Days _____
		11. IF UNDER 48 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>	
13a. FATHER'S NAME <u>Christopher Heller</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Baun</u>	
14. NAME OF HUSBAND OR WIFE <u>George R. Shelley,</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 ADDRESS <u>Geo. R. Shelley, Greenridge, Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia (left)</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic congestion, sequel of severe burn on back and arm</u>	
		DUE TO (c) <u>Chronic myocarditis</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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>May 6, 1951</u> to <u>June 21, 1951</u> , that I last saw the deceased alive on <u>June 20, 1951</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. A. Nite, M.D.</u>		23b. ADDRESS <u>Green Ridge, Mo.</u>	
23c. DATE SIGNED <u>6-22-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenridge</u>		24d. LOCATION (City, town, or county) (State) <u>Greenridge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 23-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Heckart</u>		ADDRESS <u>Sedalia, Mo</u>	

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51

JUL 14 1959

AUG 1 1952

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 _____

DW Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, Ind

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.