

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **120**

FILED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Rural Mound 0070	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) R.F.D. 3 Butler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Webb	b. (Middle) (None)	c. (Last) Shelby	4. DATE OF DEATH (Month) (Day) (Year) 1 - 20 - 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-6-1869	9. AGE (In years last birthday) 82	10. MONTHS 1	11. DAYS 14	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Joe Shelby	13b. MOTHER'S MAIDEN NAME Nancy E.	14. NAME OF HUSBAND OR WIFE Cassie Shelby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Shelby ADDRESS Butler, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 1943** to **Jan 20, 1952**, that I last saw the deceased alive on **Jan 20, 1952**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. S. Lathrop, M.D. (Degree or title)	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 1-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-1952	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Missouri
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DATE REC'D BY LOCAL REG. Jan 22 1952	REGISTRAR'S SIGNATURE Nanda Perry	25. FUNERAL DIRECTOR'S SIGNATURE John J. Underwood ADDRESS Butler Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0071
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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number JAN 29 1952
Date Filed JAN 29 1952

FILED
CITY

JAN 29 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

John G. Underwood

Licensed Embalmer No. ~~4557~~ 3585

P. O. Address Butler, Missouri

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.