

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26986

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6265 Registrar's No. 4x

1. PLACE OF DEATH a. COUNTY <u>WEBSTER - 1120</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAH - Grant</u>	c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAH GRANT 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THORFIN</u>	b. (Middle)	c. (Last) <u>SHELBY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23 1952</u>
-------------------------------------	---------------------------	-------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 22 1877</u>	9. AGE (last birthday) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) <u>75 6 1</u>
-----------------------	------------------------------	--	--	---

10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MARSHFIELD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>DAVID SHELBY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BATEMAN</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>PEARL HOLBERT</u>	ADDRESS <u>MARSHFIELD R2</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis & Nephemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>Years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 regeneration 6 mos.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</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) (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 7/12, 1952, to 7/21, 1952, that I last saw the deceased alive on 7/21, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Fritch</u>	(Degree or title)	23b. ADDRESS <u>Stratford Mo</u>	23c. DATE SIGNED <u>7/25/52</u>
---------------------------------------	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EPWORTH</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-28-52</u>	REGISTRAR'S SIGNATURE <u>J. James 392 - D</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER BARTO</u>	ADDRESS <u>MARSHFIELD</u>
--	--	---	------------------------------

(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

Ruby Barber

Licensed Embalmer No. 3848

P. O. Address Metz, Iowa

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.