

FILED SEP 25 1952  
XC-14-809-495  
R#-1679

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 3007 Registrar's No. 4135

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Bernie</b>	
c. LENGTH OF STAY (In this place) <b>185 days</b>		d. STREET ADDRESS (If rural, give location) <b>Route #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOMER</b>	b. (Middle) <b>T.</b>	c. (Last) <b>SHELBY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 12, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 8, 1900</b>
9. AGE (In years last birthday) <b>52</b>		# UNDER 1 YEAR Months <b>2</b> Days <b>4</b>	# UNDER 1 MIN. Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Bernie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>C. W. Shelby</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Sivalls</b>	14. NAME OF HUSBAND OR WIFE <b>Evelyn Shelby</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW I</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>COR PULMONALE, CHRONIC</b>	
		DUE TO (c) <b>PULMONARY EMPHYSEMA</b>	
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	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)	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 <b>March 11, 1952</b> , to <b>Sept. 12, 1952</b> , and that death occurred at <b>7:10 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Raymond Mundt</b> (Degree or title) <b>RAYMOND MUNDT, M.D., Officer of the Day</b>		23b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>9/12/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-14-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie, Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-15-52</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>	

RECEIVED

SEP 24 1959  
BUTLER CO. HEALTH CENTER

FILE No. 952-467

**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

*J. J. Stueckel*  
\_\_\_\_\_  
Licensed Embalmer No. 3499

P. O. Address Platts, Md.

**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.