

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13740**

FILED APR 27 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 79

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u> c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elvin</u>	b. (Middle) <u>Ellsworth</u>	c. (Last) <u>Shelman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-11-1930</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Navy</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FA-USSSaipan</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stanley, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bert A. Shelman</u>	13b. MOTHER'S MAIDEN NAME <u>Olive V. Wilford</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Enlisted 10-19</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bert A. Shelman</u> ADDRESS <u>Pattonsburg, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	51 MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide gas</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<u>68915</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>031 46</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Suicide Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Highway 9 - Daviess</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Twp. Daviess Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-13-53 8 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Parked in a car for engine running</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>P. S. Baugman</u> (Degree or title)	23b. ADDRESS <u>Box 88, Coffey Mo</u>	23c. DATE SIGNED <u>4-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shambaugh-Cope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weatherby, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-20-53</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Eng...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>Pattonsburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 28 1963

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

Louis Sweet

Licensed Embalmer No. *4096*

P. O. Address *Hattiesburg, Miss*

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.