

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **17707**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE unknown b. COUNTY _____			
b. CITY OR TOWN (If outside corporate limits, enter name of township or town) St. Louis		c. LENGTH OF STAY (in this place) 22-6-53		c. CITY OR TOWN Unknown		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Hosp # 3				e. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED a. (First) Peter (Type or Print)			b. (Middle) De		c. (Last) Shells		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1954
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 19, 1873		9. AGE (in years last birthday) 81 6	
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Grandchild worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) France 5		12. CITIZEN OF WHAT COUNTRY? unk	
13a. FATHER'S NAME unk			13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE unk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hosp. Records Nevada Mo			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic interstitial nephritis					INTERVAL BETWEEN ONSET AND DEATH 6, no
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute meningococcal					DUE TO (b) 20 yrs.
		DUE TO (c) Family psychiatric					DUE TO (c) unk
		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 025 X					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 Aug 7 1954 to May 14 1954 , that I last saw the deceased alive on May 14 1954 , and that death occurred at 7:40 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. D. Shell				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 5/14/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		5-17-54		St. Louis Hosp # 3 Cemetery		Vernon County Mo	
DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE Anna E Ferry		FUNERAL DIRECTOR'S SIGNATURE Edginger Funeral Home		ADDRESS Nevada, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1577

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.....
Signature of Student Embalmer

Signed *Kerry F. Malster*

Licensed Embalmer No. *480*

P. O. Address *Nevada,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.