

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28253

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 3047 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. LENGTH OF STAY (If in this place) <u>10 YRS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 S. MAPLE</u>		d. STREET ADDRESS (If rural, give location) <u>121 SOUTH MAPLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>R. E.</u> c. (Last) <u>SHETLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 10, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAR. 15, 1864</u>	9. AGE (In years last birthday) <u>90</u> Months <u>4</u> Days <u>25</u>	IF UNDER 1 YEAR Hours <u>0</u> Min.	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MONROE SITZES</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>PETER R. SHETLEY (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT SHETLEY - FREDERICKTOWN</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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>			<u>unknown</u>
	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	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) <u>331X</u>
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 5, 1954, to Aug 10, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. DeLeyene D.O.</u>	23b. ADDRESS <u>Fredericktown Mo</u>	23c. DATE SIGNED <u>8/11/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOORE'S CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-27-1954</u>	REGISTRAR'S SIGNATURE <u>Herbert Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Adamson</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
AUG 30 1954
RECEIVED

FILE No. 234-60

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricktown, Mo.

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.