

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 400

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 25 years		e. STREET ADDRESS (If rural, give location) 607 Bluff St. 01430	
d. FULL NAME OF HOSPITAL OR INSTITUTION 607 Bluff St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Benjamin	b. (Middle) Duncan	c. (Last) Sheley	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1955
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1869	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Hospital Attendant	11. BIRTHPLACE (City and State or Foreign Country) Guthrie Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Benjamin Sheley	13b. MOTHER'S MAIDEN NAME Ann Renoe	14. NAME OF HUSBAND OR WIFE Margaret Sheley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Sheley Fulton 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr. myocarditis		years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchial asthma Possible Bell's Palsy Disease		1 day	1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	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) m.	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 5:15 PM to 1/15, 1955, that I last saw the deceased alive on 1/14, 1955, and that death occurred at 5:45 PM, from the causes and on the date stated above.

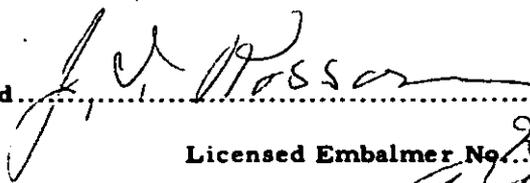
23a. SIGNATURE (Degree or title) Henry D. D.	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 1/15/55
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Jan 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
24d. LOCATION (City, town, or county) (State) Fulton Missouri		
DATE REC'D BY LOCAL REG. Jan. 22-1955	REGISTRAR'S SIGNATURE Marjette Lawrence 4267	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maxpin Funeral Home Fulton Mo.

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

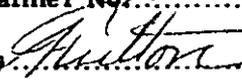
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 2555

P. O. Address 

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.