

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10725

State File No. _____

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 46505 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELL CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELL CITY</u>	
c. LENGTH OF STAY (in this place) <u>8 months</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Shetley Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROENE</u> b. (Middle) <u>STRONG</u> c. (Last) <u>SHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 12 - 55</u>		
5. SEX <u>FEMAL</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11 - 3 - 1867</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR Months <u>3</u> # UNDER 12 Hrs. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SEDGWICKVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM BARKES</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>WESLEY SHELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ira Smith, Woodriver, Ill.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Serifity</u>		
	DUE TO (c)		
11. 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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 4 1955 10:00 a.m.</u>	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 Dec, 1954, to Feb 4, 1955, that I last saw the deceased alive on Feb, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Merrill</u> (Degree or title)	23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>23 Feb 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Latesville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 16, 1955</u>	REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	360	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Con Shetley Bell City, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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

Charles E. Mungy

Licensed Embalmer No. *48707*

P. O. Address

Cape Girardeau

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.