

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21629**

FILED JUL 18 1955

 BIRTH NO. _____ REG. DIST. NO. **89** PRIMARY REG. DIST. NO. **5326** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Mississippi	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Meramec		c. CITY OR TOWN Charleston Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) 0677	
3. NAME OF DECEASED (Type or Print) ELIZA		a. (First) JOHN	
		b. (Middle)	
		c. (Last) SHELBY	
4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar. 9 1871		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 18 HRS. Last Birthday Months Days Hours Min. 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (City and State or Foreign Country) Hickman, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE JOAN DECALB SHELBY		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. none		17. INFORMANT'S SIGNATURE OR NAME Mary Brown Steelville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		INTERVAL BETWEEN ONSET AND DEATH 1 wk. 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 July , 19 52 , to July 3 , 19 55 , that I last saw the deceased alive on July 3 , 19 55 , and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE John Campbell Md.		23b. ADDRESS Steelville, Mo.	
23c. DATE SIGNED 7/11/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/6/55	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
DATE REC'D BY LOCAL REG. 7/16/55		REGISTRAR'S SIGNATURE Mrs. Hazel Lechman	
25. GENERAL DIRECTOR'S SIGNATURE Mrs. Hazel Lechman		ADDRESS East Prairie, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Travis Shelby*

Licensed Embalmer No. *273*

P. O. Address *East Prairie*

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.