

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25285

State File No.

FILED SEP 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lutesville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lutesville</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>MARCUS</u>		a. (First)		b. (Middle) <u>R</u>		c. (Last) <u>SHELL</u>	
4. DATE OF DEATH <u>Sept. 5 1955</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1874</u>		9. AGE (In years last birthday) <u>81</u> Months <u>6</u> Days <u>25</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alfred Shell</u>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>Mary Jane Shell</u>		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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Shell</u> ADDRESS <u>Lutesville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myxtral Stenosis</u> DUE TO (c) <u>Cardiac Drapsy</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hardening of arteries</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION: <input checked="" type="checkbox"/> <u>410x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <u>May</u> , 19 <u>49</u> , to <u>Sept. 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept. 5</u> , 19 <u>55</u> , and that death occurred at <u>11:50a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. P. H. Humphreys</u> (Degree or title)				23b. ADDRESS <u>Leopold, Mo.</u>		23c. DATE SIGNED <u>Sept. 7, 1955</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ballinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 8 - 53</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baber Funeral Home</u> ADDRESS <u>Lutesville, Mo.</u>			

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

A. J. Baker

Licensed Embalmer No. *3573*

P. O. Address *Tutewillle 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.