

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33765**
Registrar's No. **449**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 47 DAYS		d. STREET ADDRESS (If rural, give location) 102 FOREST AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JESSE	b. (Middle) JABEZ	c. (Last) SHELBY	(Month) OCT.	(Day) 30	(Year) 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH JULY 31, 1875		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWSPAPER ROUTE		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN GLOBE		11. BIRTHPLACE (State or foreign country) BUTLER, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES G. SHELBY		13b. MOTHER'S MAIDEN NAME OLIVE MOORE		14. NAME OF HUSBAND OR WIFE MRS MAGNOLIA C. SHELBY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS MAGNOLIA SHELBY, 102 FOREST AVE.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia		ANTECEDENT CAUSES			4 days.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Apoplexy			3 months	
		DUE TO (c) Chronic myocarditis.			1 yr.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			4222	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Nov., 1953, to Oct., 1955, that I last saw the deceased alive on Oct. 30, 1955, and that death occurred at 1:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Parker, M.D.		23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED Nov. 5-55	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 11-2-55		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY, JOPLIN, MISSOURI	
				24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. 11-7-55		REGISTRAR'S SIGNATURE James J. ...		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	
				ADDRESS	

(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 1 0 1955
Jasper County Health Office

County F.io Number 55-11-761
Date Filed NOV 1 0 1955

DEC 28 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jack Parker

Licensed Embalmer No. 4938

Signed.....
Student Embalmer

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.