

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4420

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 191		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk				
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Springfield Mo.)		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Humansville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSPITAL				e. STREET ADDRESS (If rural, give location) 0840				
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Ellen c. (Last) Shelenhamer			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3 July 1884		
9. AGE (In years) (last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (City and State or Foreign Country) Henry County, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter B. Byson		13b. MOTHER'S MAIDEN NAME Lucy Boyd		14. NAME OF HUSBAND OR WIFE James B. Shelenhamer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, have unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 das.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) (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 Feb 26, 1956 , to Feb 28, 1956 , that I last saw the deceased alive on Feb 28, 1956 and that death occurred at 6:12 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. Callaway, Jr.		23b. ADDRESS 12115 Elmton Springfield Mo			23c. DATE SIGNED Feb 28, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-2-56		24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Mo.		
DATE REC'D BY LOCAL REG. 3-1-56		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.		ADDRESS Springfield, Mo.		

Sheet

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 *Elen A Williams*.....

Licensed Embalmer No. *4651*.....

P. O. Address *Springfield*.....

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.