

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 4- 1957

State File No. **39778**
Registrar's No. **107**

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Dent County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Salem, Missouri)		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN Houston		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home				e. STREET ADDRESS (If rural, give location) Houston, Missouri 1970			
3. NAME OF DECEASED (Type or Print) a. (First) Shelton		b. (Middle) Harry		c. (Last) Archer		4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 9-24-1878	
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Thayer, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13a. FATHER'S NAME George Archer				13b. MOTHER'S MAIDEN NAME Lucinda Jarrett		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Joel Archer, Cabool, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Mal. Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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 1956 to 11/13 , 19 57 , that I last saw the deceased alive on 11/13 , 19 57 , and that death occurred at 6:30 am , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph L. Burnett DO				23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 11/26/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-24-57		24c. NAME OF CEMETERY OR CREMATORY Jarrett Cemetery		24d. LOCATION (City, town, or county) (State) Texas Co., Missouri	
DATE REC'D BY LOCAL REG. 11/29/57		REGISTRAR'S SIGNATURE M. McHart MO. by Pat.		25. FUNERAL DIRECTOR'S SIGNATURE Chas. L. Spruill ADDRESS 547 E. Main St. MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 2 1956

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.....

Licensed Embalmer No. 2374

P. O. Address.....

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.