Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-023027

FILED JUL 3 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Bonne Terre — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Bonne Terre — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 133 Main — Reside on Farm Yes No X

0941

3. NAME OF DECEASED (Type or print) First: OLA Middle: RUE Last: SHELLENBERGER

4. DATE OF DEATH Month Day Year: June 26, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: March 21, 1870
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): New Madrid, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Benton Akins
13b. MOTHER'S MAIDEN NAME: Elizabeth Akins
14. NAME OF HUSBAND OR WIFE: Chas. M. Shellenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address: Mrs. L. E. Hurst Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) apparently heart attack
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) after investigation inquest
DUE TO (c) deemed not necessary
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4344

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ——, to —— and last saw her/him alive on ——
Death occurred at —— m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl J. Miller (Degree or title) Coroner
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 6/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-29-1958
23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery
23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS Boyer & Son Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG. June 28, 1958
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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