

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035216  
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri,</b> b. COUNTY <b>Scott,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City, Mo.</b>		c. CITY OR TOWN <b>Oran, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shetley Nursing Home,</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <b>10 M.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Elfious</b> Middle <b>A,</b> Last <b>Chapel,</b>			4. DATE OF DEATH Month <b>10</b> Day <b>3</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-27-1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dawson Springs Ken,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Ace Chapel</b>			14. MOTHER'S MAIDEN NAME <b>Nora Williams,</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs L.C. Shy, Oran, Missouri,</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>HYPERTENSION + ARTERIOSCLEROSIS</b>	
	DUE TO (c) <b>Senility</b> <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>4:30</b> Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>ADVANCE, MO</b>	COUNTY	STATE
21. I attended the deceased from <b>JAN. 9, 1958</b> to <b>Sept 3, 1958</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Aug. 21, 1958</b> Death occurred at <b>4:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>E.C. Masters</b>		(Degree or title) <b>DO. 2</b>	22b. ADDRESS <b>ADVANCE, MO</b>	
				22c. DATE SIGNED <b>Sept 13, 1958</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-5-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Friends Cemetery,</b>	23d. LOCATION (City, town, or county) <b>Oran, Missouri</b>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <b>Shetley Funeral Home Bell City, Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9/16/58</b>	REGISTRAR'S SIGNATURE <b>Service</b>
---	---------	--	---

Health, Welfare, Public Service

300 1-56

All Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond L. Ruffie*

Licensed Embalmer No. *47*

P. O. Address *Burnsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.