

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046915

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

337

Primary Registration District No.

4499

Registrar's No.

99

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		c. CITY OR TOWN Shelbina 1620 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edmonston Rest.		d. STREET ADDRESS (If outside, give location) 3 Months	
3. NAME OF DECEASED (Type or print) Home Nell First (None) Middle Adams Last		4. DATE OF DEATH Dec. 27, 1958 Month Dec. Day 27 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George M. Kern		13b. MOTHER'S MAIDEN NAME Ella Ross	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		17. INFORMANT 428 Larkhill Ct. T. Dean Adams, Webster Groves 19, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prolongative Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from June 16-1926 to Dec 17-58 and last saw her alive on Dec 17-58 Death occurred at 5 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R L Caldwell D.O. 2		22b. ADDRESS Shelbina mo	
22c. DATE SIGNED Dec 31/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/58	23c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo.		25. DATE RECD. BY LOCAL REG. Dec-30-58	26. REGISTRAR'S SIGNATURE Ada Garrison

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelburne, Vt.

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.