

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012585

STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Cape Girardeau,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bell City, 1030		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital, 5 Days			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ruth Elizabeth Shetley,			4. DATE OF DEATH Month Day Year 4 10 59				
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-9-1894		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min. 1 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Glen Allen, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gim J. Shetley				14. MOTHER'S MAIDEN NAME Jennie Whitener,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Courtlen Shetley, Fredericktown, 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) Metastatic Ca to rts & lt lung. Ca of pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ca of pancreas DUE TO (c) 157X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 1. collapse of lung & secondary anemia							INTERVAL BETWEEN ONSET AND DEATH
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 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		COUNTY STATE	
21. I attended the deceased from 4/6/59, to 4/10/59 and last saw her alive on 4/9/59 Death occurred at 2:15 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. H. Kerin MD.				22b. ADDRESS Cape Girardeau		22c. DATE SIGNED 4/25/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-12-59	23c. NAME OF CEMETERY OR CREMATORY Inc. Cemetery		23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.		
24. GENERAL DIRECTOR Shetley Funeral Home, Bell City, Mo.			25. DATE RECD. BY LOCAL REG. 4-28-59.		26. REGISTRAR'S SIGNATURE Drene Kasten		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Raymond L. Huff*.....

Licensed Embalmer No... 4

P. O. Address *Be...*

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.