Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021018
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 578 c

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Springfield, — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Burge Hospital — Length of stay in Ib: 15 years	d. STREET ADDRESS (If outside, give location): 1670 E. Trafficway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: LOLA	Middle	Last: SHELBURN	4. DATE OF DEATH Month Day Year: June 10, 1959	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: May 8, 1894	9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 1, Days 2 — 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: In Home	11. BIRTHPLACE (City and state or country): Almartha, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: John M. Eddings	13b. MOTHER'S MAIDEN NAME: Joann Herndon	14. NAME OF HUSBAND OR WIFE: Joe S. Shelburn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT: Orville Shelburn	Address: Springfield, Missouri	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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): Bilateral Pulmonary Infarction; Hemolytic Anemia. 4200

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 June 8, '59, to June 11, '59 and last saw her/him alive on June 10, 1959. Death occurred at 5:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Newton Workman (Degree or title) MD. — 22b. ADDRESS: Springfield Mo — 22c. DATE SIGNED: 6-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 14, 1959	23c. NAME OF CEMETERY OR CREMATORY: Fannon	23d. LOCATION (City, town, or county) (State): Ava, Missouri
24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Funeral Home, Ava, Missouri		25. DATE RECD. BY LOCAL REG.: 6-15-59	26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Lewis G Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield

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.