

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022012

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 165 Primary Registration District No. _____ Registrar's No. 33

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knox City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Edina</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nelson Nursing Hm</u>		Length of stay in lb <u>3 yrs</u>	d. STREET ADDRESS <u>0530</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>E.</u> Last <u>SHALLEY</u>			4. DATE OF DEATH Month <u>June</u> Day <u>18th</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10 Oct 1878</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Adair County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Tom Payton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ellen Stivers</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. M. Shalley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>lost</u>	17. INFORMANT Address <u>Mrs. George Geuss Caracas, Venez.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage with left hemiplegia</u> DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio-sclerotic heart disease grade II. 331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 ym.</u>
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 <u>March 1958</u> to <u>June 18th 1959</u> and last saw her alive on <u>June 16th 1959</u> Death occurred at <u>3:15</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Francis Tandyman M.D.</u>			22b. ADDRESS <u>Edina, Missouri</u>		22c. DATE SIGNED <u>June 18th 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>20 June '59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>W.B. Rimer Edina, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Wm. L. Hunt</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

HUDSON FUNERAL HOME (Licensed Embalmers' Statement on Reverse Side)

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 *A. R. Rimer*

Licensed Embalmer No. *5041*

P. O. Address *Edina, MS*

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.