URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 11-150 59-034913

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. 340 Registrar's No. 91-50 STATE FILE NUMBER 81

ENDED

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Lisbon Twp. Length of stay in 1b 8yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 2, Bloomfield Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 2 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Martha Middle Elvira Last Shell
4. DATE OF DEATH Month Sept. Day 4 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb. 3, 1884
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HR 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 Household
11. BIRTHPLACE (City and state or country) Bollinger Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Turner D. Whitener
13b. MOTHER'S MAIDEN NAME Amanda Tutors
14. NAME OF HUSBAND OR WIFE Noah W. Shell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 496400519
17. INFORMANT Noah W. Shell Address Rt 2, Bloomfield, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 August, to Sept. 4, 1959 and last saw her alive on Sept. 4 1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Mertens (Degree or title) D.O.
22b. ADDRESS Advance Mo.
22c. DATE SIGNED Sept. 1 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-6-59
23c. NAME OF CEMETERY OR CREMATORY Bollinger County
23d. LOCATION (City, town, or county) (State) Lutesville Mo.
24. FUNERAL DIRECTOR Wm. H. Morgan ADDRESS Advance, Mo.
25. DATE REC'D BY LOCAL REG. 9-11-59
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm H Morg

Signature of Student Embalmer

Licensed Embalmer No. 4610

P. O. Address Advance, M

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