

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007119

FILED VS FEB 29 1960

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 29

STATE FILE NUMBER

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy | | c. CITY OR TOWN Troy | |
| Length of stay in 1b 15 yr. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 South Main | | d. STREET ADDRESS (If outside, give location) 901 South Main | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Mary Virgin Shelker | | | 4. DATE OF DEATH Month Feb. Day 21 Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-13-1878 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months 2 Days 11 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (City and state or country) Troy Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William Stanek | | 13b. MOTHER'S MAIDEN NAME Catherine Shramek | | 14. NAME OF HUSBAND OR WIFE James Shelker | |
| 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. None | | 17. INFORMANT James Shelker Troy MO. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Infirmity of age. | | | |
| DUE TO (b) High Blood Pressure | | | |
| DUE TO (c) Slipping Snow. | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 Feb. 21, 1960 to Feb. 21, 1960 and last saw her 8.00A. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Dr. J. E. Schroeder | | 22b. ADDRESS Troy Mo. | | 22c. DATE SIGNED Feb. 23, 1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb 23, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Troy City Cemetery | 23d. LOCATION (City, town, or county) Troy MO. | |
| 24. FUNERAL DIRECTOR D.W. McBay Troy MO. | | 25. DATE RECD. BY LOCAL REG. 2-23-1960 | 26. REGISTRAR'S SIGNATURE Charlotte Leek | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. A. McCoy
Licensed Embalmer No. 3587

P. O. Address Troy Mo

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.