URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

-60-009285

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 700

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Rural~~ Wellston — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Colorado b. COUNTY Denver
c. CITY OR TOWN Denver — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1536 S. Elm Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle JANE Last SHETLEY
4. DATE OF DEATH: Month Feb. Day 29 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-29-16
9. AGE (last birthday): 43 — IF UNDER 1 YEAR: Months 1, Days; 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: At Home
11. BIRTHPLACE (City and state or country): Fredericktown, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Roy F. Roberts
13b. MOTHER'S MAIDEN NAME: Emma Pickert
14. NAME OF HUSBAND OR WIFE: Michael J. Shetley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Michael J. Shetley, husband. ADDRESS: 1536 S. Elm Street, Denver, Colorado

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) Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
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 Feb. 24, 1960, to Feb. 29, 1960 and last saw ~~him~~ her alive on Feb. 29, 1960
Death occurred at 12:08 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. B. Fullerton (Degree or title) M D
22b. ADDRESS 7301 St. Charles Rock Rd.
22c. DATE SIGNED 2/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-3-60
23c. NAME OF CEMETERY OR CREMATORY: Old Masoni Cemetery
23d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

24. FUNERAL DIRECTOR ADDRESS: Najim Funeral Home, Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 3-1-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

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: Harvey Kable

Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis,

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.