URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000234

STATE FILE NUMBER

FILED VS JAN 17 1961

MENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 5 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. Medical Center
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Gentry
c. CITY OR TOWN Albany
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: RUSSELL Middle: WILBER Last: Shelby

4. DATE OF DEATH Month: JAN Day: 10 Year: 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: 4-5-08
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (City and state or country): Albany, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Everett Shelby
13b. MOTHER'S MAIDEN NAME: Dollie Robison
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT: University Medical Records Address:

MEDICAL CERTIFICATION

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)	ACUTE MYOCARDIAL INFARCT	—
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CORONARY OCCLUSION.	
DUE TO (c)	ASHD.	5 yr.

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 1-5-61, to 1-10-61 and last saw her/him alive on 1-10-61.
Death occurred at 11 25 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Paul Smith (Degree or title) MD
22b. ADDRESS: University Hospital Columbia, Mo.
22c. DATE SIGNED: Jan 10, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1-11-61
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): ALBANY, MISSOURI

24. FUNERAL DIRECTOR: PARKERS FUNERAL SERV. ADDRESS: COLUMBIA MISSOURI
25. DATE RECD. BY LOCAL REG.: Jan 11 1961
26. REGISTRAR'S SIGNATURE: Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

JAN 18 1961

FEB 8 1961

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 Jw Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia 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.