

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000491

FILED VS FEB 14 1961 47

3008 Registrar's No. 31

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Callaway		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in lb 1 Day		c. CITY OR TOWN Fulton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1410 Monroe	
3. NAME OF DECEASED (Type or print)		First Mervin		Middle Moore		Last Sheley	
4. DATE OF DEATH		Month Feb		Day 6		Year 1961	
5. SEX Male		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 10/31/1881	
9. AGE (last birthday) 79		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) Steam Fitter				10b. KIND OF BUSINESS OR INDUSTRY Heating & Plumbing		11. BIRTHPLACE (City and state or country) Callaway Co, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME George William Sheley				13b. MOTHER'S MAIDEN NAME Mattie Ferguson		14. NAME OF HUSBAND OR WIFE Amy Lee Goodin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Amy Sheley Fulton, Mo.	
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) lung infiltration, gangrene of foot							
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.							
DUE TO (b) Pulmonary Heart disease							
DUE TO (c) Sen Omerio sclerosis							
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1960 to Feb 6-61 and last saw him alive on Feb 6-61 Death occurred at 7:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. D. Jones (Degree or title)				22b. ADDRESS Fulton Mo		22c. DATE SIGNED 2-8/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 8. 1961		23c. NAME OF CEMETERY OR CREMATORY New Bloomfield Cem.		23d. LOCATION (City, town, or county) (State) New Bloomfield Mo	
24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo				25. DATE RECD. BY LOCAL REG. Feb 8-1961		26. REGISTRAR'S SIGNATURE Martha Lawrence	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.