

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008301

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 30

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 11 1961

1. PLACE OF DEATH
 a. COUNTY Gentry
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Howard Township Length of stay in 1b 3 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION S. of Denver, Mo. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 e. STATE Missouri COUNTY Gentry
 c. CITY OR TOWN Darlington Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Eva Myrtle Shelby
 4. DATE OF DEATH Month Day Year
April 8, 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH March 8 '79 9. AGE (last birthday) 82
 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) at home 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Darlington, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Martin Hicks 13b. MOTHER'S MAIDEN NAME Adilia St. Johns 14. NAME OF HUSBAND OR WIFE John L. Shelby

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. unknown 17. INFORMANT Mrs. Charles Hulet Address Denver, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Thrombosis of Epigastric plexus. 4 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis 15 yrs.
 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 Month, Day, Year a.m. p.m. _____

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 Denver, Wirth, Mo COUNTY STATE

21. I attended the deceased from 12 years to 4-8-61 and last saw her alive on 4-8-61
 Death occurred at 5 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank H. Ross, M.D. 22b. ADDRESS Albany, Mo. 22c. DATE SIGNED 4-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE Apr. 11, 1961 23c. NAME OF CEMETERY OR CREMATORY Grandview 23d. LOCATION (City, town, or county) (State) Albany, Missouri

24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home, Albany, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-8-61 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.