MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017758
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 356 Primary Registration District No. 521 Registrar's No. 40

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston
Length of stay in 1b: 3 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas County Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mountain Grove
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 436 E/ Front Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Wilbur Middle Henry Last Shelley

4. DATE OF DEATH: Month April Day 26 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-20-1877
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 7 Days 4
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Texas County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: High Shelley
13b. MOTHER'S MAIDEN NAME: Mary Goddard
14. NAME OF HUSBAND OR WIFE: Ada Shelley

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.: None
17. INFORMANT: Earl Shelley Address: Huggins, Missouri

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) Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis, old & new
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral Thrombosis 1958

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 4-26-62, to 4-26-62 and last saw ~~her~~ him alive on 4-26-62
Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard E. Mitchell (Degree or title) DO.
22b. ADDRESS: Mountain Grove, Mo
22c. DATE SIGNED: 5/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr 30, 1962
23c. NAME OF CEMETERY OR CREMATORY: Murr Cemetery
23d. LOCATION (City, town, or county) (State): Texas County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ewell C. Craig Mtn. Grove, Missouri
25. DATE RECD. BY LOCAL REG.: 5-8-1962
26. REGISTRAR'S SIGNATURE: Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	070		
2	1141		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	20.1		
10			
11			
12	1-2		
13	4-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Lewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove

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.