

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030675

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 1335

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hospital		d. STREET ADDRESS (If outside, give location) 106 S. 15th	

3. NAME OF DECEASED (Type or print) First Middle Last SHIRLEY ANN SHELLEY			4. DATE OF DEATH Month Day Year September 3, 1962		
5. SEX Female	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 2/29/1940	9. AGE (last birthday) 22	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Home		11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Coy Mulanax			13b. MOTHER'S MAIDEN NAME Delois Fleacher			14. NAME OF HUSBAND OR WIFE Ronald R. Shelley	
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 Address Ronald R. Shelley (Husband) Blytheville, Ark.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injuries		INTERVAL BETWEEN ONSET AND DEATH
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)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE X <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two Car Accident	
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20c. TIME OF DEATH Hour Month, Day, Year 9:30 P.M. 9-3-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Court's Road		20f. CITY, TOWN, OR LOCATION COUNTY STATE E. OF SPRINGFIELD GREENE MISSOURI	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **DOA at 11:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (If agree or title) Ralph N. Plume		22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 9-6-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/7/62		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	

24. FUNERAL DIRECTOR ADDRESS KUNGNER MORTUARY, INC. Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 9-7-62		26. REGISTRAR'S SIGNATURE Effie S. Melton	
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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jhc

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1962

SEP 18 1962

Permit
9-5-62

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 John Klunzger

Licensed Embalmer No. 2102

P. O. Address Springfield

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.