

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010058

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 11

FILED FEB 19 1963

VS 300  
Rev. 4/59

1 1020

2 1020

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4 1

5 1

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7 0

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9 4201

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12 90-0

13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Shelby</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Shelbyville, Mo.</b>   |   | Length of stay in 1b<br><b>82</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Family Home</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Effie</b> Middle <b>Magdalene</b> Last <b>Archer</b>  |   | 4. DATE OF DEATH<br>Month <b>2</b> Day <b>12</b> Year <b>1963</b>   |  |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-3-1880</b>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>House Wife</b>  | 9. AGE (last birthday)<br><b>82</b>          |
| 11. BIRTHPLACE (City and state or country)<br><b>Shelby County</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Lilburn S. Hale</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Baker</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>P. C. Archer</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                    |  |
| 16. SOCIAL SECURITY NO.<br><b>no</b>   |   | 17. INFORMANT<br><b>P. C. Archer</b> Address <b>Shelbyville, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio Sclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cerebral Thrombosis May 25-1955</b><br>PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b> |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Shelbyville, Mo.</b>   |  |
| 21. I attended the deceased from <b>May 25 1955</b> to <b>Feb 12 1963</b> and last saw her alive on <b>Feb 12 1963</b><br>Death occurred at <b>11:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE<br><b>P. C. Archer MD</b> (Degree or title)  |  |
| 22b. ADDRESS<br><b>Shelbyville, Mo.</b>  |   | 22c. DATE SIGNED<br><b>Feb 15-63</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>2-14-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mausoleum</b>  |  |
| 23d. LOCATION (City, town, or county)<br><b>Shelbyville, Mo.</b>   |   | (State)   |  |
| 24. FUNERAL DIRECTOR<br><b>Greening</b> ADDRESS <b>Shelbyville, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-16-63</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Marianne Simpson</b>   |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 27 1966

Permit Not Issued - MD

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. 689  
working under my personal supervision.

Student

William L. Greening  
Signature of Student Embalmer

Signed

Charles O. Greening

Licensed Embalmer No. 4625

P. O. Address

Clarence 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.