

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 90

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

<b>FILED MAR 29 1963</b>		1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>3 months</u>		c. CITY OR TOWN <u>Wellsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>The Phillips Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>307 Clay St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ruby Spitzzhirn Shelby</u>			4. DATE OF DEATH Month Day Year <u>March 17, 1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jul 29, 1887</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>7 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Wellsville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Spitzzhirn</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Paxton</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Shelby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Darrel Phillips, Mexico, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vasculature accident</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19. WAS AUTOPSY PERFORMED? 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 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 <u>Mar 16, 63</u> to <u>Death</u> and last saw her alive on <u>Mar 16-63</u> Death occurred at <u>11:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree & title) <u>Edward [redacted] MD.</u>		22b. ADDRESS <u>Mexico Mo</u>	
22c. DATE SIGNED <u>3-19-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 21, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		23d. LOCATION (City, town, or county) <u>Wellsville Mo</u>		24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>MARCH 20 1963</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 USE BLACK INK OR TYPEWRITER RIBBON  
 Leonard J. Davis, M.D.

**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 Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Melleville, 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.