

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 8 - 1953

BIRTH NO. .... REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 103

No. 300  
10-48

0 380  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Albany - Athens Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Parnell</b>	
c. LENGTH OF STAY (In this place) <b>1 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Plain View Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Laura Ellen Shellman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 31 1953</b>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan. 14, 1862</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb Co. Mo.</b>	
13a. FATHER'S NAME <b>Jacob Adams</b>				13b. MOTHER'S MAIDEN NAME <b>Laura E. Boatright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Shellman, Kansas City, Mo.</b>				ADDRESS	

13a. FATHER'S NAME <b>Jacob Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Laura E. Boatright</b>		14. NAME OF HUSBAND OR WIFE <b>Charles A. Shellman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Shellman, Kansas City, Mo.</b>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Aug 31, 1953, that I last saw the deceased alive on Aug 31, 1953, and that death occurred at 8 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles A. Shellman D.D.</b>		(Degree or title)		23b. ADDRESS <b>Gentry Mo.</b>		23c. DATE SIGNED <b>Sept 1 - 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Sept. 4, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Parnell, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Sept - 1 - 53</b>		REGISTRAR'S SIGNATURE <b>Maudie Williams</b>		462		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b>		ADDRESS <b>Maryville, Mo.</b>	
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**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 .....  
Student Embalmer

Signed Chas. M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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 this body is not embalmed, fact should be so stated above.