

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 232

VS 300
 Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Hobart Orda Shelley 2. Male 3. May 5, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 73 5b. Yes 5c. August 27, 1896 7a. St. Francois

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Bonne Terre 7c. Yes 7d. Bonne Terre Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Missouri 9. USA. 10. Married 11. Edna Jones

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED.) KIND OF BUSINESS OR INDUSTRY

12. 497-01-0960 13a. Ret. Shipping Clerk 13b. McDonnell Air Craft

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. Missouri 14b. St. Francois 14c. Desloge 14d. Yes 14e. 206 S. Grant Street

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Burk Shelley 16. Ida Jones

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mrs. Edna Shelley 17b. 206 S. Grant St., Desloge, Mo. 63601

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Gastrointestinal bleeding immediate

DUPLICATE OF OR AS A CONSEQUENCE OF: (b) Carcinoma of Colon 1 yr +

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (c), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19. NO 20. NO

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. --- 20b. --- 20c. --- 20d. ---

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS

20e. --- 20f. --- 20g. --- 20h. ---

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH (HOURS) DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. 1965 TO 5-5-70 21b. 5-7-70 21c. 10:55 PM

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. 10:55 PM 22b. 5-5-70 22c. 10:55 PM

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE (DATE SIGNED (MONTH, DAY, YEAR)) MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)

23a. Stanley L. Hardy MD 23b. Stanley L. Hardy MD 23c. 5-8-70

23d. 108 N. MAIN Desloge Mo

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Marvin Chapel Cem. 24c. Bonne Terre Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

24d. May 8, 1970 24e. C.Z. Boyer & Son, Inc., 201 E. Chestnut St., Desloge, Mo. 63601

25a. J. T. Boyer 25b. Catharine Mathews 25c. May 8, 1970

- 9. 0
- 10a. 72
- 10b.
- 11. 0
- 12. 1
- 13. 1538
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

FILED MAY 20 1970

MAY 2 1950

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 Bert R Boyer, Student Embalmer No. 911

working under my personal supervision.

Student Bert R Boyer
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Keelock MD

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.