

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28738

No. 300  
10.48

FILED SEP 9 - 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 0621</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>401 N. MINE LAMOTTE AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 N. MINE LAMOTTE AVE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLEY</u>	b. (Middle) <u>-</u>	c. (Last) <u>SHETLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 18, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 24, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER COUNTY MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM SHETLEY</u>	13b. MOTHER'S MAIDEN NAME <u>ANN HAYNES</u>	14. NAME OF HUSBAND OR WIFE <u>RNA SHETLEY</u>
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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>488-28-7729</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NEWELYN SHETLEY - FREDERICKTOWN, MO.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic degenerative coronary insufficiency</u> DUE TO (c)		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7/26, 1950, to 8/4, 1951, that I last saw the deceased alive on 8/4, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maurice Grooman M.D.</u> (Degree or title)	23b. ADDRESS <u>Fredricks town Mo.</u>	23c. DATE SIGNED <u>8/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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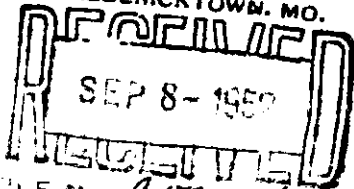
DATE REC'D BY LOCAL REG. <u>8-24-52</u>	REGISTRAR'S SIGNATURE <u>Theresa Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Adamson</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

21  
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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 952-75

### 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

*Hollan Cannon*

Licensed Embalmer No. 4251

P. O. Address FREDERICKTOWN, 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.