

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI
State File No. 31980

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>	
b. CITY OR TOWN <u>Summersville</u>		c. CITY OR TOWN <u>Smsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5445</u>		e. STREET ADDRESS (If rural, give location) <u>101 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jole</u> b. (Middle) <u>GRANVILLE</u> c. (Last) <u>Shelton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24 - 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 11 - 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>72</u> 10. <u>7</u> 11. <u>8</u> 12. <u>103</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jole Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH</u>	14. NAME OF HUSBAND OR WIFE <u>MARY Wilma Shelton</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John E. Shelton 1405 MERRIAM LANE KAN. CITY, KAN.</u>
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Disease</u> DUE TO (c) <u>Arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 <u>Aug 23, 1955</u> to <u>Aug 27, 1955</u> , that I last saw the deceased alive on <u>Aug 23, 1955</u> and that death occurred at <u>5:42 P.M.</u> , from the causes and on the date, stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Robert Hampton</u>		23b. ADDRESS <u>20 Summersville</u>	23c. DATE SIGNED <u>Sept 46</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>8-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>C. 74</u>	24d. LOCATION (City, town, or county) (State) <u>Smsville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Hubert G. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN'S Mt. View, Mo.</u>	

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

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 .....

Licensed Embalmer No. 43.....

P. O. Address Mt. Union.....

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.