

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5

67 0017307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 335 Primary Registration District No. 6131 Registrar's No. 343

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 26 1967

VS 300  
Rev. 4/59

1 1010

2 1010

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 900

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 (If outside corporate limits, give TOWNSHIP only) <u>Montier</u>		c. CITY OR TOWN <u>Montier</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>M.</u> Last <u>Shelton</u>		4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1967</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>66</u>
13a. FATHER'S NAME <u>John R. Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Wallis</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>491 14 6432</u>	
11. BIRTHPLACE (City and state or country) <u>DeSoto Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
14. NAME OF HUSBAND OR WIFE <u>Zora Ann Portwood Shelton</u>		17. INFORMANT <u>Zora Ann Shelton Birch Tree, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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
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>6-4-1966</u> to <u>4-6-1967</u> and last saw him alive on <u>4-6-1967</u> Death occurred at <u>6 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Box 65 Mtn. View, Mo.</u>	22c. DATE SIGNED <u>4-20-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/10/1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Mo.</u>
23d. LOCATION (City, town, or county) <u>Portageville, Mo.</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Delisle Funeral Home Portageville,</u>		25. DATE RECD. BY LOCAL REG. <u>4-25-67</u>	26. REGISTRAR'S SIGNATURE <u>Michael J. Wallis</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 24 1967

Miss Pearl Price to Son of Grand

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 Carl D. Bell

Licensed Embalmer No. 5368

P. O. Address Mtn. View, 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.