

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011150
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0896</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>900 E. Lexington</u>		Length of stay in lb <u>1 year</u>	d. STREET ADDRESS (If outside, give location) <u>900 E. Lexington</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>M.</u> Last <u>Shelton</u>			4. DATE OF DEATH Month <u>March</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>Male</u> <u>0</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>March 18, 1884</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>
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 <u>General farming</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas L. Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia 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> <u>None</u>		16. SOCIAL SECURITY NO. <u>496-42-0780</u>	17. INFORMANT Address <u>Mrs. Lydia Shelton, Richmond, Missouri</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>Gun shot wound of head</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<u>976X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Richmond</u>		COUNTY <u>Ray</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw ^{him} alive on _____ Death occurred at <u>7:45 A.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John B. Cook, M.D., Coroner</u> <u>3</u>			22b. ADDRESS <u>Richmond Mo</u>		22c. DATE SIGNED <u>3/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>	
24. FUNERAL DIRECTOR <u>Quest-Lite Funeral Home</u> <u>Richmond, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>4-2-1958</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms which are related. All diseases in Part I must be causally related.

300
-57

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 *[Signature]*

Licensed Embalmer No. *4065*

P. O. Address. *[Signature]*

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.