

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026622

STATE FILE NUMBER

FILED JUL 18 1958

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs <i>FISHING RIVER TOWNSHIP</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Excelsior Springs <i>0690</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#2		d. STREET ADDRESS (If outside, give location) 4 mile SE Ex.Spr. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARVIN Middle DEAN Last SHELTON		4. DATE OF DEATH Month July Day 8 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1943
9. AGE (In years last birthday) 14		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (City and state or country) Claycomo, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leo Shelton		13b. MOTHER'S MAIDEN NAME Thelma Duncan	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT Leo Shelton, Rt. #2, Ex. Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia + Shark 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) _____			INTERVAL BETWEEN ONSET AND DEATH minutes
20a. ACCIDENT <input checked="" 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.) Tractor turns over Pummey pt. under same	
20c. TIME OF INJURY 7 a.m. July 8, 1958		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm		20f. CITY, TOWN, OR LOCATION Excelsior Springs Ray Mo	
21. I attended the deceased from Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. Pt. was seen only in hospital way D.O.A.			
22a. SIGNATURE Burne B. Tolchano (Degree or title)		22b. ADDRESS Excelsior Springs, Mo	
22c. DATE SIGNED 7/9/58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-8-58	
23c. NAME OF CEMETERY OR CREMATORY Crown Hill		23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.	
24. FUNERAL DIRECTOR'S ADDRESS Pritchard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 7-15-58	
26. REGISTRAR'S SIGNATURE Helen J. Larker			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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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 *Emilio German*

Licensed Embalmer No. *4589*
P. O. Address *Eschios Springs, N.J.*

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.