

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15169

MAY 13 1940

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution 1810 Michigan  
 (If outside city or town limits, write "RURAL" and name of township)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 4 3 0

8. (a) PRINT FULL NAME DR. Mitchell Cross Shelton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 25 1867  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson City, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation EAR-EYES & NOSE SPECIALIST

11. Industry or business \_\_\_\_\_

12. Name W. E. Shelton

13. Birthplace Miss  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hodgson

15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. J. O. Shelton

(b) Address 1810 Michigan Joplin, Mo

17. (a) (burial, cremation, or removed) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Month) (Day) (Year)

(c) Place: burial or cremation CREMATION NEWSPAPERS KANSAS CITY MO

18. (a) Signature of funeral director Thasbill Oliver Mortuary

(b) Address Joplin Mo

19. (a) 4-25-40 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Joplin, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1810 Michigan St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
 year 1940 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-1-33  
 \_\_\_\_\_, 19\_\_\_\_, to 4-24, 1940;  
 that I last saw him alive on 4-24, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 hrs

Due to Chronic myocarditis 7 yrs

Due to coronary sclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Wm A Weck M.D. (M. D. or other) \_\_\_\_\_  
 Address Joplin Mo Date signed 4-25-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER

40-5-73

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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, above space should be left blank.**